DOCUMENT RZSUME

ED 243 356

HE 017 161

AUTHOR

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TITLE

On the Status of Medical School Faculty and Clinical. Research Manpower, 1968-1990. National Institutes of

Health Program Evaluation Report.

INSTITUTION

Association of American Medical Colleges, Washington,

D. C.; National Institutes of Health (DHHS),

Bethesda, Md.

SPONS AGENCY

National Academy of Sciences - National Research

Council, Washington, D.C.

REPORT NO PUB DATE.

NIH-82-2458 30 Apr 81

CONTRACT

NIH-N01-OD-9-2112

NOTE

352p.

PUB TYPE

Statistical Data (110) -- Reports -

Evaluative/Feasibility (142)

EDRS PRICE DESCRIPTORS

MF01/PC15 Plus Postage.

Age Groups; Career Planning; *Employment Projections; Faculty Mobility; Fellowships; Futures (of Society); Higher Education; *Medical Research; *Medical School Faculty; Medical Students; Physicians; *Productivity;

Publications; *Researchers; Research Projects;

Scientists; Teacher Employment

ABSTRACT

The results of six studies concerning medical school faculty and clinical research personnel are presented. The studies concern: (1) career research productivity of physician faculty; (2) accession and attrition of medical school faculty who are recent physician graduates; (3) comparison of training programs for physician scientists; (4) the research involvement plans of 1980 MD graduates; (5) national estimates of U.S. medical faculty for 1975-1976 through 1977-1978; and (6) projections of replacement needs for medical school faculty, 1980-1990. Specific considerations include: estimated annual publication rates of MD faculty by specialty and career age; longitudinal estimates of the proportions of successive graduating classes of medical students who become faculty members at U.S. medical schools; plans of 10,000 medical school seniors concerning research fellowships and careers and factors that influence those plans; annual medical faculty accession (first-time hiring) and loss (death, retirement) by rank and department during 1976 to 1978; predicted age distributions of all full-time faculty members through 1990; and rates of faculty accession, research involvement, competitive grant success, and research publication for graduates of four physical science training pragrams. (SW)



National Institutes of Health Program Evaluation Report

ON THE STATUS OF MEDICAL SCHOOL FACULTY AND

CLINICAL RESEARCH MANPOWER

1968 - 1990

A' Report to

The Clinical Sciences Panel of the Committee on a Study of National Needs for Biomedical and Behavioral Research Personnel

National Academy of Sciences National Research Council

April 30, 1981

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National Institutes of Health
Office of Program Planning and Evaluation
Bethesda, Maryland 20205

NIH Publication No. 82-2458

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The work on which this publication is based was performed pursuant to a National Institutes of Health Contract No. NO1-OD-9-2112 with the National Academy of Sciences, Commission on Human Resources, Committee on National Needs for Biomedical and Behavioral Research Personnel. Support for this study came from Evaluation Set-Aside Funds (Section 5.18 of the PHS Act, Evaluation Project No. NIH 75-1).

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ON THE STATUS OF MEDICAL SCHOOL FACULTY AND CLINICAL RESEARCH MANPOWER 1968-1990

EXECUTIVE SUMMARY

The National Research Council's Committee on a Study of National Needs for Biomedical and Behavioral Research Personnel has outlined several key issues pertaining to the training of clinical investigators. In 1978 the Clinical Sciences Panel of the Committee posed a number of questions basic to an understanding of the major issues.

The Association of American Medical Colleges was contracted by the Panel to address the questions, printed below in italics. Brief summaries of key findings follow each question. Reference is also made to the chapters and exhibits (figures and tables) in this report that present a complete description of pertinent data and analyses.

- A. Pertaining to the supply of MD clinical investigators:
 - 1. NIH data (reported by NRC) indicate a decline in numbers of physicians entering clinical research training since 1974. AMA data on physicians' practice activities tend to confirm that fewer physicians are now engaged in research and teaching. Is the apparent decline in numbers of MD clinical investigators on medical faculties confirmed by data available to AAMC?

Chapter III reviews several indicators of the trends of physician involvement in teaching and research. Indicators of physician research suggest several possible trends. Data from the AMA show a decline in the number of physician researchers from 1970 to 1975, however, these same data show this trend to be reversing in the years 1975 through 1978. These data also show an increase in the number of physicians, teaching during the years 1970 through 1978.

Based on reporting to the Faculty Roster, MD full-time faculty involvement in research has not declined since 1974. The percent of research involvement has increased slightly as shown in Exhibit III.23 with 58.5 percent MD faculty involvement in 1974-75, 63.8 percent in 1976-77, and 61.6 percent in 1977-78. (The 2.3 percent decline from 1976-77 to 1977-78 may be only a reflection of late reporting by six research oriented medical schools. Currently these faculty records are being updated).

Section B of Chapter III examines successive MD graduating classes for members who received appointments at a medical school and also made research grant applications to NIH. This analysis, based on limited data, shows a decline in grant applications from members of the more recent classes (Exhibit III.1). A method for a more complete analysis is proposed. Section C utilizes the Faculty Roster to prepare a profile of faculty from successive graduating classes. It includes an analysis of their research responsibilities (Exhibit III.21) which shows slightly lower research responsibilities for



more recent classes. Since these classes are of different maturities, however, it is not clear from these data whether an actual decline in ultimate research involvement is indicated.

These indicators fail to give a consistent picture of the trends of physician research activity. NIH data show a decline in the number of physicians entering research training. However, a decline in numbers of MD clinical investigators on medical faculties is not confirmed by data available to AAMC.

- 2. Is the fraction of medical school graduates entering medical faculty employment increasing, decreasing, or remaining constant?
- Chapter III presents an analysis of the proportions of medical school graduates from the classes of 1967 through 1974 that joined medical school faculties. The proportion varies from class to class during the first six years after graduation. However, in later years these differentials are greatly reduced. Within nine years of graduation about 15 percent of an MD class has attained a medical school faculty appointment. Aside from the early variability in the proportions appointed, the fraction of medical school graduates from successive classes entering medical faculty employment is roughly constant.

Proportionally more female than male medical school graduates enter medical faculty employment. Female graduates also join faculty sooner than male graduates. For the four classes for which 10 years have

elapsed (1967 through 1970), 22 percent of the females and 15.7 percent of the males received a faculty appointment. Of these faculty, 55 percent of the females and 40 percent of the males had been appointed within five years of graduation (Exhibit III.13). The difference in female accession to faculty positions is compounded by the fact that the female attrition rate is lower than the male attrition rate for each of the years studied (Exhibit III.15).

- 3. Are clinical faculty vacancies relatively more numerous than basic science medical faculty openings?
- Chapter VI shows that there is a large number of faculty position vacancies in clinical departments, and this number of vacancies is increasing. However, the data also show that the proportions of vacancie, among both budgeted and filled positions were nearly the same for clinical and basic science departments. The proportions for clinical departments were never more than seven percent greater than proportions for basic science departments.
 - 4. Is there an alternative to the NRC supply/demand concept of "shortage" in clinical research manpower?

 If so, how does such an alternative compare to the supply/demand model? Is another model preferable?
 - 5. What data can be gathered that support the NRC Committee's demand model projections?
- Section J of Chapter II compares the NRC "demand" model with a model developed in this report. Both models project future need for new faculty members, but they differ in their assumptions, definitions and methods. The AAMC model incorporates age-specific



rates of faculty hiring and loss and focuses on faculty holding the MD degree and regular appointments. The AAMC model projects lower numbers of MD's on faculty, but <u>larger</u> numbers of new MD faculty needed for growth and replacement than does the NRC model. The AAMC model also estimates the effects of various growth rates on research output byphysician faculty in five specialty groups.

- B. Pertaining to the prospective characteristics and future clinical research potential of U.S. medical school faculties:
 - 1. What is the profile of research productivity of MD faculty throughout their careers?
 - 2. What is the profile of academic medical research careers?
- A large sample of medical school MD faculty were surveyed to discover the time they spend each week in their research and academic attivities, their research productivity as measured by output of publications (both total publications and publications in selected research journals) and selected personal data (e.g., age). Analyses of these data are reported in Chapter II and, in summary, show:
 - Faculty physicians in the clinical specialties spend highly variable amounts of time in research although their work weeks are relatively uniform. As both clinical and basic science MD faculty grow older they spend less time in research and more time in administration unrelated to research.

- Younger MD faculty in basic science departments and most clinical departments report they are spending more time in delivering patient care than do their older colleages.
- Research productivity profiles between specialty groups *
 are highly variable, but consistent patterns emerge:
- (1) A definite era effect is observed in that physicians graduating between ,1944 and 1952 began to produce research publications at a more slowly increasing rate than did all later cohorts.

 Later cohorts show a sharp rise in publication activity beginning about five years after receipt of the MD.
- (2) Medical specialists show high, sustained levels of productivity reaching a plateau about 14 years after receipt of the MD (age 39).
- PhD degrees. Their productivity peaks at about age 40 to 45, falls and rises again later in their careers.
 - (4) Surgical, behavioral, and hospital-based special ists have sharp rises in productivity followed by levels falling to near zero by mid-career.
 - (5) Behavioralists (psychiatrists) spend less time in research per week and have lower peak research productivity than all other specialty groups.
 - The conferring of tenure has no discernible effect on research productivity.



- 3. Are medical faculties aging or "graying?" Are they becoming less mobile? If so, what are the implications, if any, for research productivity?
- 4. How might the age composition of the current pool of clinical investigators affect projections of need?

In Chapter II, age-distribution data were developed about <u>physician</u> faculty. These data show:

- Based on an analysis of MD faculty in selected departments and excluding instructors, MD faculty in different specialty groups are seen to be "graying" at different rates. (While relative comparisons among specialty groups are valid, the estimated absolute rates of "graying" during the past decade may be influenced by an artifact of the Faculty Roster System). Projections for the decade 1980 to 1990 indicate that the aging can be prevented if the current six percent growth rate is maintained. At zero growth all groups of MD faculty, especially those in the basic science departments, will age rapidly.
- the number of MDs needed for faculty replacement and growth (at assistant, associate and full professorial ranks) will rise from about 2,700 annually in 1978 to about 5,500 annually in 1990. If the growth rate falls to three percent per year, the number of MDs needed will rise from 2,000 to 2,900 per year.

If there is no growth in total faculty in the next decade the number of MDs needed to replace those leaving faculties will remain constant at about 1,300 per year.

- Data relating to research productivity and age distribution were combined for MD faculty who received their MD degrees between 1944 and 1972, and projections were made of MD faculty research output for the decade 1980 to 1990. If medical school faculties grow at six percent per year, research output (Measured by research publications) will increase 100 percent; at three precent growth, production will rise 38 percent. A more likely scenario, steady state or zero growth, will result in a seven percent decrease in research production by physicians.
- Projections of research output, adjusted for a reduced proportion of new physician faculty having had research training, show lowered numbers of research publications. Under the assumption of zero growth in faculty size, annual "selected research" output by physicians in all specialties will decline 15.5 percent by 1990. The decline will be greatest in basic sciences, 22.8 percent, and in surgical specialties, 26.7 percent (Exhibit II.62).
- Projections of replacement need for <u>all</u> full-time faculty are shown in Chapter VII.
 - The age composition of the total full-time faculty during 1980-1990 is shown given a continued six percent rate of growth, a three percent rate of growth, and a leveling of



the growth rate to zero percent. The result of faculty growth on the age composition of faculty are presented for these varying growth rates and projections of the future need for new faculty appointments.

If there is no growth in faculty size, the projected age distributions of the faculty show it becoming substantially older. Under these conditions, the projected need for new full-time faculty declines from about 2,900 in 1980 to a stable level of about 2,600 per year from 1985 to 1990.

A future growth in the faculty at a rate of three percent per year showed a moderate aging in the faculty and the need for new faculty increasing from about 4,400 in 1980 to about 5,800 in 1990.

If the number of faculty continues to grow at the recent rate of six percent per year, the projected age composition of the faculty will change little. Under these conditions, the projected need for new full-time faculty will increase from about 5,900 in 1980 to 10,600 in the year 1990 (Exhibit II.63).

C. Pertaining to incentive/disincentives for young physicians to opt for a career in clinical research and academic medicine what are the important incentives and disincentives for research, the conscious or unconscious selection processes, etc.?

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- Analysis of the AAMC Graduation Questionnaire (Chapter V) suggests:
 - Opportunity to work in the academic community and the challenge of the search for new knowledge are major incentives for research-oriented students.
 - Research experience while a pre-medical or medical student has a relatively strong influence on all students, including those who select practice as well as research careers.
 - Perceived societal need for practitioners appears to be the strongest disincentive to research careers.
 - Perceived availability of research training support is of moderate importance to those who will pursue research.
 - Financial factors such as debt, "payback" and lower incomes of faculty members appear to have minimal influence on expectations of a research career.
 - Faculty frustrations and uncertain research funding are also minor factors affecting career choice.

Other data from the Graduation Questionnaire show that:

- Twenty-eight percent of the 1980 graduates plan to seek a research fellowship.
- About 21 percent of each graduating class in 1978, 1979, and 1980 expect research to be a part of their careers. This is much less than the 39 percent of the class of 1960 who had such expectations.

- Students graduating from joint MD-PhD programs express plans for research careers at double the rate of PhDs-turned-MD (95 percent and 53 percent, respectively). Since there are more than twice as many PhD-MDs as MD-PhDs, the resulting numbers (national estimates) of the two groups who have research career plans are roughly equal (122 MD-PhDs and 139 PhD-MDs). Of the remaining new MDs, who do not also hold PhD degrees, 21 percent (about 3,000, nationally) would like to become involved in research:
- There is considerable changerin research career attitudes between matriculation and graduation at all medical schools, but the net change is "toward" research at research intensive medical schools.
 - It has been suggested that PhDs can substitute in clinical research for MD investigators. Pertaining to this issue, what is the current balance of MDs and PhDs'in clinical departments? Can any trends in this balance or in the mix of appointment types be detected?
 - Chapter VI provides a summary table of the clinical departmental balance of MDs and PhDs for the three years, 1975-1978. The fraction of MDs in the clinical departments vis a vis PhDs has remained fairly constant. The departments of Pediatrics, Family Practice, Obstetrics-Gynecology, and Radiology show a gain in numbers over this period of time, but the MD and PhD faculty balance remains approximately the same.

- In a few departments, Anesthesiology, Medicine, Neurology, and Public Health, the increase in participation by PhD faculty appears to be due to their replacing non-doctoral and other health related faculty rather than MD faculty.
- By rank the gains in PhD appointments are primarily at the Assistant Professor and Instructor level (Exhibit VI.1).

The following questions reflect another issue of continuing concern to the Panel -- that of optimal research training modalities. .

Which research training program for clinical investigators has the highest yield of physicians staying in research? What "performance" measures can be examined?

- Chapter IV presents a comparison of four NIH supported programs that provide research training for physicians: The NIGMS Medical Scientist Training Program (MSTP), the intramural NIH research associates and clinical associates programs and the extramural traineeship program. The first 53 graduates of the MSTP served as the reference group and 53 participants in each of the three of the programs were carefully matched on the basis of medical school entry and measured ability. Comparisons of the four groups showed that:
 - Given comparable research trainees, all four programs were highly successful in producing physician scientists but the MSTP was most successful in research retention.

Extramural trainees, who received support before research service "payback" was instituted, maintain a high level of academic involvement. Of those matched trainees who could be located, 83 percent were involved in academic research or teaching (Exhibit IV.2). The data of this comparison sample were corroborated by a match of those who ever received NIH research training support with the AAMC Faculty Roster (Exhibit.IV.6). Over several decades NIH extramural research fellowship support has produced researchers and teachers in 62 percent to 83 percent of all those who ever received such support.

- By 1981, a significantly larger proportion of MSTP graduates than other research trainees had acheived tenured ranks.

 By 1981, 42 percent of the MSTP graduates who had joined faculties were tenured, compared with 17 percent of research associates and extramural trainees and four percent of clinical associates (Exhibit IV.3).
 - On balance, research grant success rates do not discriminate among the four groups. The MSTP, clinical associate and extramural training graduates have higher approval rates and better average priority scores than the rate and average for all medical school faculty. Based on only a small number of applications, the performance of research associates was mixed: a low approval rate but excellent average priority scores assigned to approved applications (Exhibit IV.4):



Publication performance for graduates of the four training programs show marked differences in quantity and research "level." MSTP graduates are the most prolific contributors to the scientific literature. Matched graduates of the MSTP program had published 995 articles by 1981, compared with 716 articles by research associates, 673 by clinical associates and 408 by extramural trainees (Exhibit IV.5).

MSTP graduates and matched research associates published predominately (78 percent and 62 percent, respectively) in journals that report basic research and clinical investigation. Clinical associates and extramural trainees publish at all research "levels" but mostly in journals that carry a mix of clinical investigation and clinical observations articles (Exhibit IV.5).

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ACKNOWLEDGMENT.

The authors gratefully acknowledge the contributions of other individuals to this research effort.

Francis Narin of Computer Horizons, Inc., freely supplied names, name abbreviations and other data about thousands of research journals. Eugene Rosenthal and David Pastan coded 24,449 article and book references listed on 574 Curriculum Vitae supplied by physician faculty who responded to our survey.

The comparison of four research training programs for physicians entails contributions of data and skills by a number of people. Dr. Jay Shapiro of the NIH Clinical Center supplied the names of NIH Research Associates and Clinical Associates. Dr. William Batchelor of NIH and Dr. Allen Singer of the National Research Council provided a tape with records of NIH extramural trainees. After a computer searched the rosters for names of physicians who entered medical school with the first fifty-three Medical Scientist Training/ Program graduates, Cynthia Withers sifted through dozens of archived, printed records of Medical College Admissions Test (MCAT) scores to match individuals from each of the four programs whose scores were equivalent. Mary Compagnucci at the National Research Council extracted grant application data for all of the selected physicians from the NIH Consolidated Grant Applicant File. Publication data for all of the selected physicians were extracted from the MEDLARS system by Carolyn Tilley at the National Library of Medicine. Dr. EdwardarepsilonZapolski of Georgetown University School of Medicine verified the authorship of the 8,800 MEDLARS-derived references and deleted references by other authors having the same last names as our selected physicians. Aarolyn Galbraith

derived Faculty Roster System records of those who are or have been on faculties of U.S. medical schools. Dr. Martha Anderson collated the data from these sources for the comparison of the four research training programs.

Faculty chronological age and career age area-graphs were drawn by Beverly Anderson. Career-long productivity profiles were drawn on an Agile terminal using a computer program adapted by Dr. Michael McShane, Director of AAMC Computer Services.

While the cooperation of these and other individuals is gratefully acknowledged, the authors alone share the responsibility for any errors that may have occurred. Without prompt help when it was needed, however, this work could not have been completed on schedule.

I. INTRODUCTION AND OVERVIEW

The National Academy of Sciences' Committee on a Study of National Needs for Biomedical and Behavioral Personnel is charged with the task of assessing the Nation's need for research personnel and recommending modifications to current research training programs to meet the assessed néeds. Clinical research is an area drawing increasing attention and concern. Available data suggest a large loss of physicians trained in research and therefore, potentially, a loss in the Nation's ability to perform research that directly affects the transfer of research findings to the practice of medicine.

The Clinical Sciences Panel of the Committee has identified several key issues and raised questions that require answers if the Committee is to fulfill its charge in recommending adequate training opportunities and incentives to supply the Nation with an adequate supply of clinical investigators. Consequently, the Panel asked the Association of American Medical Colleges (AAMC) to prepare and provide certain clinical research manpower data and analyses that address the key issues the Panel identified.

This report presents six studies to the Panel and the Committee for their use in elucidating and averting potential shortages of clinical research personnel. The six studies are presented in the following chapters:



Chapter II: Career Research Productivity of Physician Faculty

This chapter presents estimates of annual publication rates of MD faculty, by specialty and career age (elapsed time since MD); projections of changing career age distributions of MD faculty through 1990; and projections of future research publication output by MD faculty, by specialty, annually through 1990, under several assumptions of growth or stasis in total faculty size. Projections of numbers of MDs needed for faculty replacement and growth is compared with estimates from the NRC "demand" model.

Chapter III: Accession and Attrition of Medical School Faculty Who Are
Recent Physician Graduates

This chapter presents longitudinal estimates of the proportions of successive graduating classes of medical students who become faculty members at U.S. medical schools. The elapsed times to faculty accession and attrition are included. Also presented are estimations of the percentages of successive classes who apply to NIH for research support.

Chapter IV: Comparison of Training Programs for Physician Scientists

Four matched sets of graduates of the Medical Scientist Training Program, the NIH Research Associates program, the NIH Clinical Associates program and NIH Extramural Trainees are compared. Their rates of faculty accession, research involvement, competitive grant success and research publication are compared.

Chapter V: MD Graduates of 1980 and their Plans for Research Involvement.

This chapter analyzes responses of ten thousand medical school seniors to the AAMC 1980 Graduation Questionnaire. Plans for research fellowships and careers and factors that influence those plans are assessed.

Chapter VI: National Estimates of Faculty Manpower in U.S. Medical Schools 1975-76 through 1977-78.

This chapter introduces extensive tables of medical faculty accession (first-time hiring) and loss (death, retirement and other reasons) by rank and department for each year from 1976 to 1978. The tables extend those published previously for 1971 to 1975.

Chapter VII: Projections of Replacement Needs for Medical School Faculty, 1980-1990.

This chapter forecasts the age distributions of all full-time faculty members (all degree teypes) through 1990 under assumptions of six percent growth, three percent growth and no growth in total number of faculty members. From these changing age distributions, estimates are made of the numbers of new faculty members that will be needed.

II. CAREER RESEARCH PRODUCTIVITY OF PHYSICIAN FACULTY

A. <u>Purpose</u>

The purpose of the study reported here is to assess the recent biomedical research productivity of scientists holding the MD degree as measured by the output of publications. Using this derived measure of productivity a second objective is to predict the future research output by physician investigators from 1980 through 1990.

B. General Overview of Method

It was assumed for purposes of this study that the population of physician researchers is and will continue to be confined to U.S. medical schools and their related teaching hospitals. Based on this assumption five faculty groups were defined: medical specialists, surgical specialists, behavioral specialists, hospital-based specialists and basic scientists. These groups of physicians were further subdivided into seven classes according to the year in which the MD was received. The combination of the specialty groups and the classification as to year of award of the MD' produced the sampling frame shown in Exhibit II.1. The number of physicians in each of the sample cells is shown: from each cell 50 names were drawn at random. A questionnaire (Exhibit II.7) was sent to 40 of the physicians in each of the cells so defined. Ten names it each cell were reserved and used as replacements for questionnaires returned undelivered by the Postal Service. Each physician was also asked to supply a Curriculum Vitae (C.V.) including a list of publications. Follow-up contacts with non-respondents were made until at least 20 responses had been obtained in each cell.

The list of published articles and books obtained from the C.V. of respondents were entered in a computer file, along with a classification

of each article according to the "research level" characteristic of the journal in which it appeared. This computer listing of publications allowed the construction of career productivity profiles of éach specialty group. In addition, year of graduation information about the population of physician faculty allowed an examination of recent changes in "career age" distribution (in years after MD) among faculty members. Based upon the changes in this age distribution over the years 1968-78, a projection was made of the relative ages of MD faculty between 1980 and 1990. The combination of this career age projection and the publication output allowed us to make projections of the publication output and therefore, by inference, the research productivity of faculty members in U.S. medical schools over the next decade.

The following sections give a more detailed description of each of the steps employed in this work.

C. Definition of the Physician-Research Population

The population for study was defined as all physicians listed on the AAMC Faculty Roster System in 1979. This population includes full-time salaried and volunteer faculty members holding the Mp degree in the regular faculty ranks. This population excludes instructors and all faculty with clinical appointments only. The assumption was made that the population of physician-researchers is and will continue to be confined to physicians on the faculties of U.S. medical schools and teaching hospitals. No tests were made of the basis or validity of this assumption, since the purpose was not to measure all physicians who conduct research, but rather to create a frame from which a representative random sample of the physician-researchers could be drawn.



- 1. Definition of the Sampling Frame. The population of physician-researchers were divided into 5 specialty groups according to their faculty departmental affiliation as follows:
 - Medical specialties (pediatrics, internal medicine, allergy, neurology, etc.)
 - Surgical specialties (surgery, orthopedics, obstetrics and gynecology, urology, etc.)
 - 8. Behavioral specialties (psychiatry)
 Hospital based specialties (anesthesiology, pathology, radiology)
 - 5. Basic sciences (anatomy, biochemistry, physiology, public health, pharmacology, microbiology, etc.)

The groups of faculty specialists were defined according to their primary appointment in U.S. medical schools. If a physician had a primary appointment in an administrative arm (e.g., in the dean's office) that administrative function was ignored and the secondary department appointment was used to define the specialists class to which that individual was assigned.

These groups of physicians were further subdivided into seven classes according to the year in which the MD degree was received:

- 1. MD received before 1944,
- 2. MD received between 1944 and 1952,
- 3. MD received between 1953 and 1957,
- 4. MD received between 1958 and 1962,
- 5. MD received between 1963 and 1967,
- 6. MD received between 1968 and 1972, and
- 7. MD received after 1972.



There were 24,946 physicians in the Faculty Roster System with qualifying ranks. Exhibit II.1 shows the number of physicians in each of the cells defined by era of graduation. Those cells bordered by the heavy line constituted the sampling frame. As will be noted from Exhibit II.1 a sizeable fraction of total faculty (13.3 percent) were excluded from the sampling frame. Those who received MD degrees before 1944 (end of World War II), 7.4 percent, were excluded due to the high probability that their research career preparation was significantly different from those trained after World War II.

Likewise, those receiving degrees after 1972, 5.4 percent, were judged to have been on faculties for so short a time as not to have compiled significant numbers of publications to be of use in this project. Finally, a small number of faculty showed departmental assignments which were either highly unusual or otherwise unclassifiable (0.6 percent). Exhibit II.2 shows the distribution of MD faculty in the sampling frame by specialty group.

Exhibit II.3 shows the mean age of physicians in each of the 25 cells of the study population, and Exhibit II.4 indicates the percentage of individuals at each academic rank within the 25 cells. Age distributions were not significantly different between groups of specialists; however, there were significant differences in the distribution by rank within both specialty groups and the era of graduation. Not surprisingly the largest number of full professors were found in the earliest graduating groups and conversely the largest number of assistant professors were found in the most recent years of graduates. (The rank of instructor was not included in the sampling frame because of the variability between medical schools of the use of this faculty rank designation.)

Exhibit II.5 indicates the percentage of physicians in each cell who also had a PhD degree. Not surprisingly, the largest percentage (about one-third) in each graduation cohort who had both MD and PhD degrees were in basic science

EXHIBIT II.1

PHYSICIAN FACULTY SAMPLING FRAME

Specialty Group	• D	Year MD Conferred					
Jan Jan	Pre 1944	44-52	<u>53-57</u>	58-62	<u>63-67</u>	<u>68-72</u>	Post 1972
Medical	688	1-,608	1,654	1,995	2,351	2,318	662
Surgical	. 476	814	752	928	1,020	803	164
Behavioral	160	345	298	353	365	350	154
Hospital-Based	319	874	770	950	965	89 9	298
Basic Science	172	. 371	250	267	194	143	. 67
Miscellaneous	23	46	26	24	16	11	3

EXHIBIT II.2

MD FACULTY SAMPLING FRAME BY SPECIALTY GROUP

Specialty Group	Number of MD Faculty	<u>Percent</u>
Medical	9,926	46%
Surgical	4,317	20%
Behavioral	1,711	8%
Hospital-Based	4,466	21%
Basic Science	1,225	5%



EXHIBIT Ì1.3

MEAN AGE OF PHYSICIAN FACULTY IN SAMPLING FRAME

Mean Age (Standard Deviation)

Specialty Group	44-52	<u>Year</u> 53-57	MD Conferr 58-62	red 63-67	68-72
Medical	56.2	50.1	45.1	40.2	35.5
	(2.97)	(2.33) \	(2.56)	(2.55)	(2.27)
Surgical	56.2	50.0	45.2	40.2	35.9
	(3.06)	(2.59)	(2.49)	(2.35)	(2.32)
Behavioral	57.0	50.6	45.7	40.8	35.8
	(3.23)	(2.97)	(2.72)	(3.15)	(2.61)
Hospital-Based	56.4 (3.26)	50.4 (3.11)	45.7 (3.21)	40.3 (3.02)	34.7 (2.66)
Basic Science	57.2	50.8	46.1	41 £2	36.8
	(3.49)	(3.57)	(3.65)	(3.46)	(3.88)

EXHIBIT II.4

PERCENT OF PHYSICIAN FACULTY AT EACH ACADEMIC RANK

•			•	E.=		•
Specialty Group	Rank	44.50		ar MD Confe		CO 70
	•	44-52	. <u>53-57</u>	58-62	<u>63-67</u>	<u>68-72</u>
Medical	Prof	64.7	56.2	36.7	8.,7	.8
	Assoc	21.4	28.9	39.5	43.2	10.9
	Asst	13.9	14.9	. 23.8	48.1	88.3
Surgical	Prof	69.4	59.4	37.7	10.0	.8
	Assoc	19.5	24.4	36.8	39.9	10.0
	Asst	11.1	16.2	25.5	50.1	89.2
Behavioral	Prof	55.4	46.1	29.9	11.3	1.2
	Assoc	22.6	29.1	32.2	30.1	13.4
	Asst	22.0	24.8	37.9	58.6	85.4
Hospital-Based	Prof	61.6	51.0	34.7	9.7	1.3
	Assoc	23.1	25.8	35.8	37.3	12.3
`. •	Asst	15.3	23.2	29.5	53.0	86.4
** *** *** *** *** *** *** *** *** ***		•	.	•		
Basic Science	Prof.	83.6	74.8	54.1	27.4	9.9
	Assoc	12.9	17.6	37.0	39.1	25.1
	Asst	3.5	7.6	8.9	33.5	65.0



departments. Exhibit II.6 indicates the percentage of physicians who reported identifiable research post-doctoral experience to the Faculty Roster. The largest percentages (45-51 percent) of individuals who had identifiable post-doctoral research training graduated prior to 1962 and joined basic science departments. The second highest level of post-doctoral research experience was found in medical specialists in all eras. It is noteworthy, but not surprising, that less than 10 percent of recent graduates in behavioral specialties have had identifiable post-doctoral research training.

D. The Survey

Each of the 25 cells within the sampling frame described in Section C above was sampled randomly to provide 50 names from each cell, a total of 1,250 faculty. An initial mailing was sent to 1,000 faculty members, the first 40 faculty sampled from each cell, and there was a follow-up mailing a month later. If a questionnaire was returned because the faculty member was dead, had moved leaving no address, or was no longer in academic medicine, a new mailing was sent to one of the 10 remaining individuals in that cell. Of the 1,041 persons thus selected by our sampling procedure to receive questionnaires with requests for C.V.s, 57 were returned with an indication that the named physician was not a valid member of the defined survey population, e.g., was dead or no longer on the faculty. Of the remaining 984 physicians 610 (62.0 percent) responded to our survey by completing the questionnaire and 546 (55.5 percent) returned resumes which included their Curricula Vitae and list of publications. The corresponding numbers of successful mailings and response rate for each sampling cell are given in Appendix II.1.

We questioned whether the 610 respondents were similar to the 374 nonrespondents with respect to their level of research effort and other



Exhibit II.5

PERCENT OF PHYSICIAN FACULTY HOLDING PhD DEGREE

Specialty Group '	Year MD Conferred				
<u> </u>	44-52	53-57	58-62	63-67	<u>68-72</u> ,
Medical	6.9	6.3	6.3	4.8	4.7
Surgical	9.3	\$ 8.8	6.6	5.7	5.7
Behavioral	4.9	5.7	6.2	5.5	5.1
Hospital-Based	8.6	8.3	9.4	8.3	6.3
Basic Science	37.5	32.4	36.0	39.2	29.4

Exhibit II.6

PERCENT OF PHYSICIAN FACULTY REPORTING RESEARCH POST-DOCTORAL EXPERIENCE TO FACULTY ROSTER SYSTEM

Specialty Group	Year MD Conferred				
<u> </u>	44-52	53-57	58- 52	63-67	68-72
Medical	35.1	- 40.7	40.9	40.4	37.7
Surgical	25.7	30.5	30.4	28.3	19.6
Behavioral	13.6	18.5	19.5	13.7 /	9.7
Hospital-Based'	28.7	24.4	28.0	22.1/	16.4
Basic Science	44.7	50.8	47.6	42.8	40.6

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characteristics that could affect or be influenced by their research productivity. Appendix II.2 examines in detail the possibility that a bias was introduced into the sample population. To test for a possible bias between those who did and did not respond to our request, a proxy of known research involvement was needed for the entire sample. As detailed in the Appendix we used the "major responsibility" code for research from the Faculty Roster. In addition we used "RESIN," a numerical index derived from the Faculty Roster "major responsibility" codes by William E. Rhode, Ph.D., of the National Institutes of Health. Both the "major responsibility" codes and "RESIN" indicated that respondents to our survey had statistically higher levels of research responsibility than the non-respondents. There was no difference in age, or the presence or absence of additional advanced degrees between the two groups. Faculty from the higher academic ranks were more likely to respond to the survey (see Appendix II, Section 1), and this pattern is also statistically significant.

Our conclusion was that there was a possible bias in our survey tending to favor people with higher levels of research activity and of higher faculty rank. We expect that our survey results, therefore, should overestimate the research activity and productivity of physici is on medical school faculties to an unknown, but probably limited, extent. We judged the extent of overestimation to be minimal because the differences between the indices of research activites for respondents and non-respondents was small. Further, because the purpose of our study is to project the expected rate of change in future research output, career profiles and changing age distributions, the added numbers of research-involved faculty may actually increase the sensitivity of our measure of change in research output.



E. Research Involvement Ouestionnaire

The survey questionnaire is reproduced as Exhibit II.7. Questions in Category I were intended to provide data about the work week of the physicians sampled. It was assumed that when physicians were performing clinical duties on a virtually full-time basis (i.e., "on service"), their time for research activities would be constrained. Therefore item I-b sought information about such patient care activities. (Fifty-two percent of the respondents made an explanatory comment about their time "on service", so we could judge whether their other data were comparable.) The second category of questions (II) was intended to force responses into a form which would allow us to divide the professional work week hours into four categories:

- a) hours spent in all forms of research and research-related activities
- b) hours spent in teaching that was not research related,
- c) hours spent in patient care that was not research related, and
- d) hours spent in administration that was not research related.

It was intended that respondents should further sub-divide the hours reported in category II.A (research) into sub-categories indicating the number of research hours which involved teaching and also the number of hours which involved patient care. Despite field testing and several developmental iterations of the questionnaire form, 21.5 percent of individuals failed to respond to questions II.A-1 or II.A-2 regarding research related teaching and patient care. Data from these questions (II.A-1 and II.A-2) therefore should be regarded as less exact.

A final question (III) was intended to elucidate the percent of time which the individual faculty member had spent in all forms of research in the lst, 5th, 10th, and 15th year on the faculty as applicable. Response rates or the first two of these estimates were very high, but dropped to 94 and 87 percent applicable faculty for the 10 and 15 year estimates.



-14- 40

Academic clinicians typically engage in four or more concurrent activities: teaching, research, patient care, and administration. These activities are often carried out at the same time, but it is important for us to know how many hours per week you spend in research and research-related activities.

ı.	Α.	FOR THE WEEK JUST ENDED PLEASE ESTIMATE THE NUMBER OF HOURS YOU SPENT IN ALL PROFESSIONAL ACTIVITIES
	В.	Many academic physicians "attend on a clinical service" for a prescribed number of weeks per year. Were you "on service" for the week reported?
		How many weeks this year are you "on service"?wks.
	'	Comments (if needed to clarify your response)
	•	
II.	DIV	IDE THE PROFESSIONAL WORK WEEK HOURS ESTIMATED IN I(A), ABOVE, FOR THE WEEK T ENDED INTO THE FOLLOWING FOUR CATEGORIES, AS DEFINED:
		The hours you spent in all forms of RESEARCH (include bench and patient research, reading, writing, teaching research fellows and graduate students, and administration of research, e.g., time on human subjects review committee)
-		Of these research hours how many also involved 1) teaching? HRS. 2) patient care? HRS. Note: These two numbers may not be mutually exclusive nor sum to equal all hours spent in research.
	В.	The hours you spent primarily in TEACHING that is NOT research-related
	c.	The hours you spent primarily in PATIENT CARE that is NOT research-related
	D.	The hours you spent primarily in ADMINISTRATION that is NOT research-related
		NOTE: Hours should sum to equal hours in I(A) above.
III.	What	at percent of your time did you spend in all forms of research defined in II-A above):
	A.	in the first year of your first appointment to a faculty (Year? 19)
1	В.	
ŀ	С.	in your tenth year on a faculty % Does not Apply []
	D.	in your fifteenth year on a faculty
		Trom of them Burr Tolmrove and if maniful your number

- IV. Please enclose a LIST OF YOUR PUBLICATIONS and, if possible, your current Curriculum Vitae. (In addition to providing data necessary for this survy, these personal records will be used to verify the completeness and accuracy of the Association's roster of medical school faculty. This roster is proving to be a valuable source of data for medical schools and for the Association's national effort to support researchers and medical schools.
- V. PLEASE SEND THE COMPLETED FORM AND C.V. TO:

Thomas E. Morgan, M.D.
Association of American Medical Colleges
1 Dupont Circle, N.W.
Washington, D.C. 20036



F. <u>Summary of Responses to Research Involvement Questionnaire</u>

Complete statistics summarizing the responses to the research involvement questionnaire for each sampling cell are given in Appendix II.3; the following is a summary of those data. Exhibit II.8 shows the average reported total hours worked per week (Question I), the research hours per week (Question II.A), and the percent of total hours worked spent in research for all faculty responding to the questionnaire. The average work week ranged between 44 and 62 hours per week for different specialties, with a weighted average of 55 hours per week for the total MD faculty. Research activity was broadly defined (Exhibit II.7) to include all research-related teaching , patient care and administration such as time on human subjects review committees. Reported research time averaged from 13 to 34 hours per week, with a weighted average of 19 hours or 35 percent of the total work week for all physicians on the faculty. Not surprisingly, basic scientists spent 62 percent of their time in 1980 in research with the medical specialists spending 39 percent, surgical specialists, 22 percent, hospital-based specialists, 23 percent and behavioral specialists, 30 percent of their work time in research activities.

Changes in the research activities of physician faculty over the span of a career are shown in Exhibit II.9. Percent of time in research activities as a percent of the total hours worked each week is reported for each of the specialty groups by year of award of the MD degree (middle year of such graduation interval). The average age of faculty in each graduation groups is also shown. Basic scientists have the highest reported percent of time in research activities ranging from 55 to 75 percent. The highest percentage of time in research among basic scientists was reported at approximately age 40 (that is, those who graduated from medical school between 1962 and 1967). Medical specialists have the next highest mean percent of time in research. Younger medical specialists

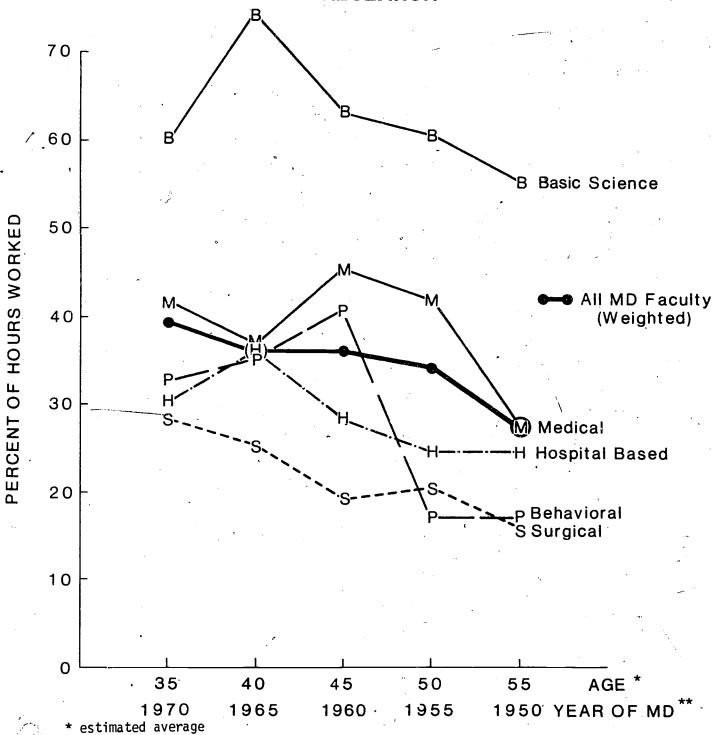
AVERAGE REPORTED TOTAL HOURS WORKED PER WEEK

MD FACULTY IN 1980

Specialty Group	Total hours Per week	Research hours Per Week	Percent time In research
Medical	58	_23	40%
Surgical	62	13	21%
Behavioral "	55	17	31%
Hospital-Based	44	13	30%
Basic Science	55	34	62%
· 	·		 ,
All (weighted to reflect specialty distribution of total MD faculty)	55	19	35%



PERCENT OF TIME OF SPECIALTY GROUPS **SPENT IN RESEARCH**

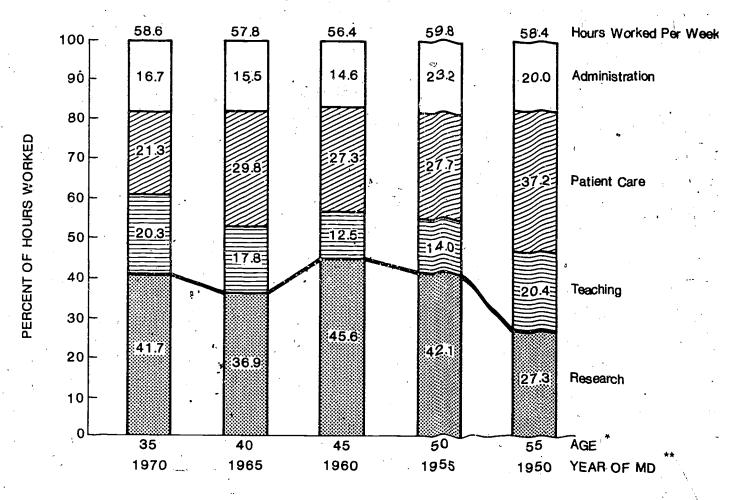


^{*} middle year of sampling interval

averaged 37 to 46 percent of their time in research; this declined to 27 percent for the oldest group of medical specialists (an average age of 55, MD granted around 1950). Surgical specialists in general have the longest work week and the lowest percent of time in research. In all of the specialty groups, including both clinical specialties and basic sciences, the older cohorts spend proportionally less time in research than do younger cohorts. This decrease is most clearly seen in the weighted average percent of time in research reflecting the total MD faculty (heavy line in Exhibit II.9).

Exhibits II.10 through 11.14 show the career activity patterns for the five groups of physicians sampled. In each panel the bar graphs depict (from bottom to top) research, teaching, patient care and administrative hours reported. These are shown as a percentage of the total hours worked each week. At the top of each column is shown the mean hours worked per week reported by the specialists in each group and at the bottom of each column is shown the mean age and the middle year of the MD graduation interval used in the sampling. The bars for percent of time in research activities are connected by a solid line and correspond to the lines shown in E. libit II.9. Other areas of activity such as teaching and patient care unrelated to research show no clear trends. However, hours spent in administrative duties are clearly greater as a percentage of total work week for older faculty. It may be important to note that for physicians in the basic sciences, the percentage of time in patient care activities is highest for the youngest cohort of faculty, i.e., those who graduated between 1968 and 1972. This pattern also holds for hospitalbased specialties. The basic scientists in the 1968-1972 cohort report an average of 15.6 percent of their work week is spent in patient care activities, nearly EXHIBIT II.10

MEDICAL SPECIALISTS

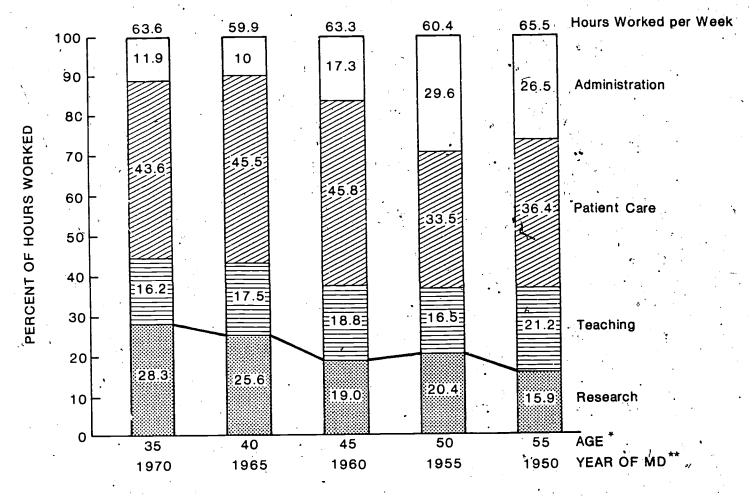


^{*} estimated average

^{**} middle year of sampling interval

EXHIBIT II.11

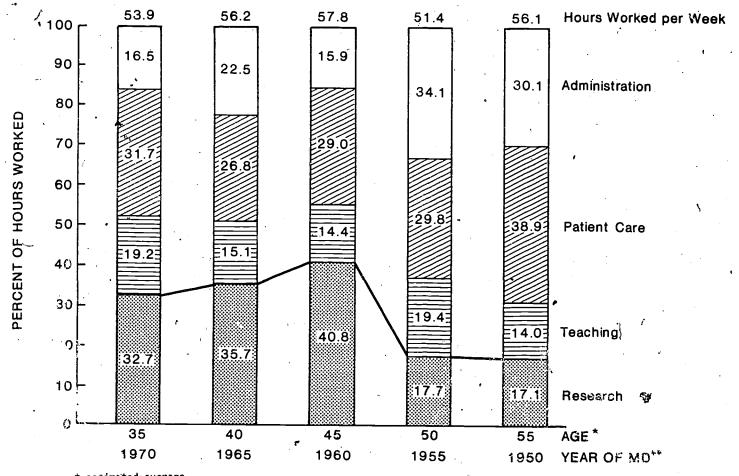
SURGICAL SPECIALISTS





estimated average middle year of sampling interval

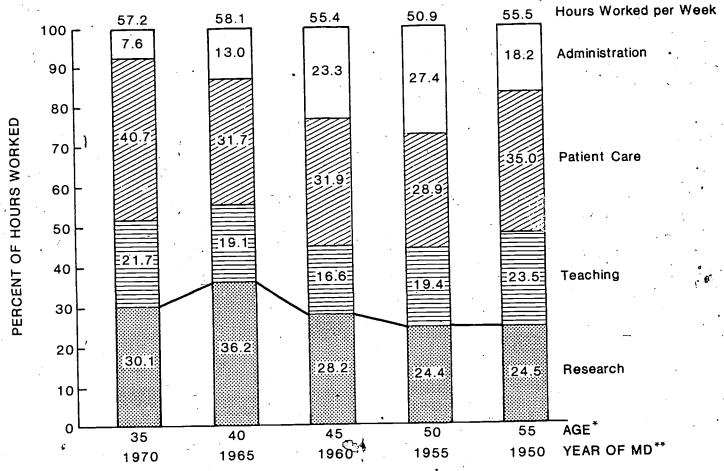
EXHIBIT II.12 BEHAVIORIAL SPECIALISTS



* estimated average
** middie year of sampling interval

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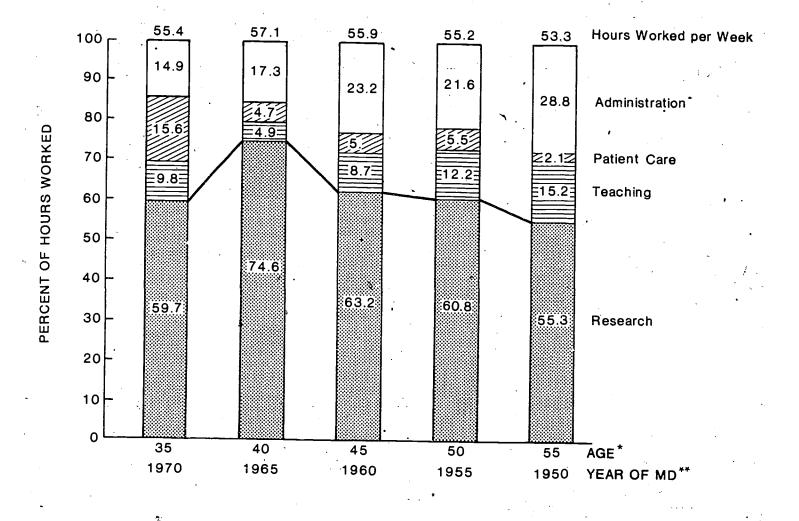
HOSPITAL BASED



* estimated average
** middle year of sampling interval



BASIC SCIENTISTS





three times the amount of time in patient care reported by all other groups of basic scientists. Additional analyses would be needed to verify whether this represents a trend that will affect future research productivity.

We were particularly interested in the number of hours physician faculty reported they spent in combined research and teaching or research and patient care activities (Appendix II.3). However, no clear pattern or trend was discernable, although about 5-10 percent of the total research time was spent in each category. In other words, clinical researchers spend 10-20 percent of their total research time simultaneously carrying out research and teaching medical students, residents, and fellows or delivering direct patient care to research patients.

In Exhibit II.9 through II.14 we have shown the trends in physician activities as represented by the reported current activities of selected cohorts. We also developed another way of estimating research activities of these faculty; that is, by obtaining retrospective estimates from each individual of the percent of time spent in research. While such estimates are subject to imprecise memory and judgment, the results (Exhibit II.15) largely conform to the cohort data reported above: the percentages of time spent in research activities vary between specialty groups but decline steadily with advancing age.

G. <u>Analysis of Publication Output</u>

Lists of publications were returned by 546 physicians who responded to the questionnaire. All original articles, books, chapters, and other publications were entered into a computer file for each physician-author. A list of

EXHIBIT II.15

PERCENT TIME SPENT IN RESEARCH

	Year on Faculty				
Specialty Group	<u>1st</u>	<u>5th</u>	<u>10th</u>	<u>15th</u>	
Medical	48.1	42.5	28.7	20.8	
Surgical	30.8	25.7	12.4	6.5	
Behavioral	26.7	35.0	23.9	17.7	
Hospital-Based	27.9	31,9	30.8	14.5	
Basic Science	64.4	61.5	57.1	46.4	



journals in which these articles were published was then prepared and the journals were classified as to the predominant type of articles found in each journal. The classification used was as follows:

- Level 1 General medical publications, with little or no research emphasis (e.g., Hospital Medicine, Resident and Staff Physician, Nations Health).
- Level 2 Publications with significant numbers of research articles together with general medical papers and reviews, (e.g., New England Journal of Medicine).
- Level 3 Journals containing clinical research articles only or predominantly original research articles (e.g., Journal of Clinical Investigation).
- Level 4 Journals containing original basic research articles or reviews only (e.g., Journal of Physiology, Journal of Cell Biology).

For purposes of analysis it was decided to report the number of all publications (articles, books, chapters, etc.) per author per year ("All publications"). We also reported the number of publications in a special set of research journals per author per year. It was assumed that, for physician scientists, publication in a Level 3 or Level 4 journal, regardless of the quality or degree of peer review of submitted manuscripts, would be allowed as prima facie evidence of research activity. In addition, we recognized that a limited number of Level 2 journals have rigorous editorial and peer review policies. In 1979 the National Institutes of Health surveyed laboratory chiefs, study section secretaries and other knowledgeable persons and compiled a list of 293 journals which were the outstanding research journals in the many fields of research supported by NIH. We reviewed this list and found that it generally met our criteria for "research" journals. In the time

-27-

between the formulation of the NIH list of journals and the conduct of our survey a significant number of new research journals appeared, therefore we' updated the NIH Tist by deleting all Level 1 publications and adding all Level 3 (clinical research only) and Level 4 (basic research) journals which had begun publication since 1971. This gave us a list of 490 "select research" journals as a special set in which a published manuscript could be presumed to have met original research criteria. (Appendix II.4) The rate of "select research publications" and of "all publications" was computed in terms of publications per author per year for each of the five specialty groups and for each of the five graduation eras. Plotting these rates of publication for each cell in the sampling frame produced the publication profiles shown in Exhibits II.16 through II.40. Curves were smoothed by averaging the rate for a given year with the rates for the preceding and following years. The tables accompanying each profile show both raw publication rates and smoothed rates for all authors in each sample cell.

Inspection of these profiles reveals a number of interesting results:

First, there were clear differences between the clinical specialty groups.

Medical specialists in all but the oldest cohort reached a plateau at about.

twelve years after graduation with a gradual decline thereafter. Surgeons reached a higher rate of publication in all and in "select" research journals which declined sharply after about age 45 (career age 20). Behavioral specialists had much lower publication rates, averaging about 0.2 publications per year in "select" research journals. Behavioral specialists graduating after 1963, however, had "select" research publication rates approaching one per year. The output profile of hospital-based physicians resembeld that of the surgical specialists. Second, the data suggest that basic scientists, like some other academicians previously studied,* show a mid-career decline and then a late



Lehman, Harvey C. Age and Achievement. Princeton, N.J.: Princeton University Press. 1953

AAMC MEDICAL FACULTY

RESEARCH PRODUCTIVITY STUDY

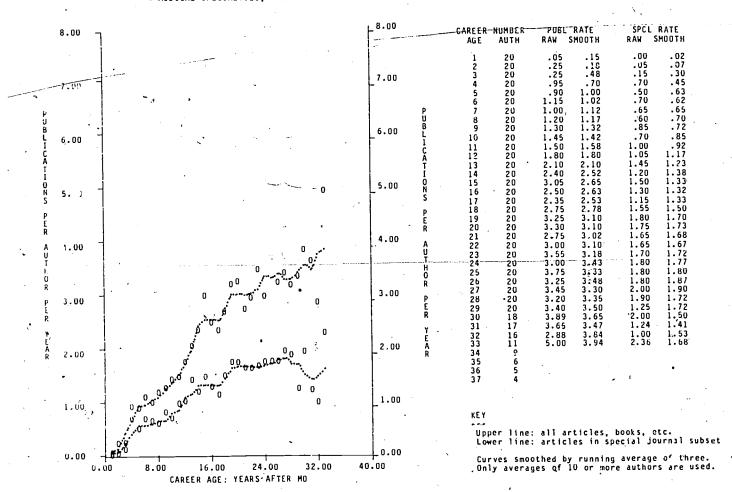
MEDICAL SPECIALTIES

EXHIBITS II.16 TO II.20

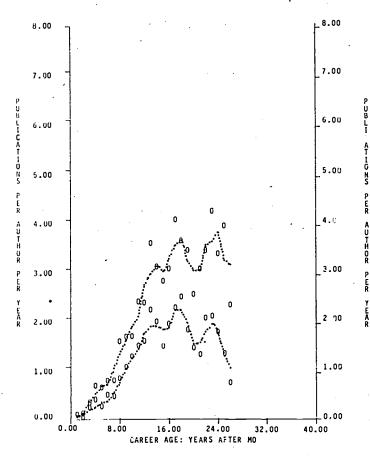
CHRONOLOGICAL AGE IS APPROXIMATELY CAREER AGE PLUS 25 YEARS

MEDICAL SPECIALTIES, GRADS FROM 1944-52

Exhibit II.16



55



CAREER	NUMBER	PUBL	RATE	SPCL	RATL
AGE	AUTH	R A ¥	SMOOTH	RAW	SMOOTH
AGE 1234567890111234-115678922234	AUTH 18 18 18 18 18 18 18 18 18 18 18 18 18	. 16 . 11 . 33 . 67 . 61 . 78 . 78 . 76 . 67 . 67 . 67 . 67 . 67 . 67 . 67	.08 .17 .54 .69 .72 1.35 1.65 1.91 2.96 3.15 2.96 3.57 3.67 2.98 3.57 3.67	RAM .06 .00 .22 .39 .22 .50 .44 .83 1.05 1.61 1.20 1.61 2.22 1.94 1.44 1.94 2.28 2.50 2.17 1.78 1.39 1.28 2.17 1.71 1.72	.03 .09 .20 .37 .39 .59 .78 1.06 1.78 1.97 1.87 1.87 1.89 1.48 1.48 1.59 1.48
20					
21 22	18 18	3.06 3.44	3.00 3.57	1.28 2.06	1.57
24	18	3.33	3.83	1.72	1.71
25 26	14 10	3.93 2.30	3.19 3.11	1.29	1.24
27 28	4 2	,			• • • • • • • • • • • • • • • • • • • •

KEY

Upper line: all articles, books, etc.

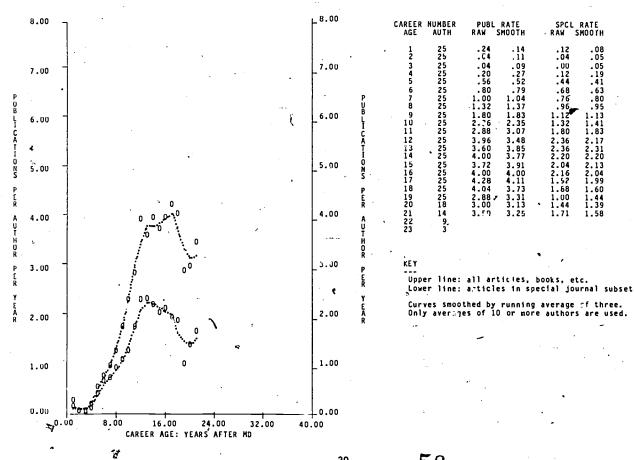
Lower line: articles in special journal subset

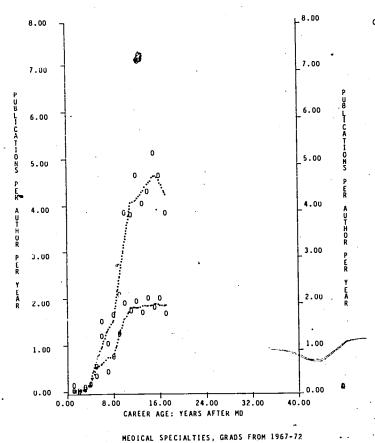
Curves smoothed by running average of three.

Only averages of 10 or more authors are used.

MEDICAL SPECIALTIES, GRAOS FROM 1958-62

Exhibit II.18





CAREER	NUMBER	t	PUBL	RATE	SPCL	RATE
AGE	AUTH		RAW S	HTOOM	RAW S	HT OOM
1 2	28 28		.14	.09	.04	.02
3	28		.14	.13	.11	.11
4	28		.21	.32	.21	.24
5	28		.61	.80	.39	.62
6	28	٠	1.57	1.07	1.25	. 69
7	28		1.04	1.43	.43	. 83
8	28		1.68	1.62	.82	. 85
9	28	£	2.14	2.57	1.29	1.36
10	28		3.89	3.29	1.96	1.67
11	28		3.82	4.14	1.75	1.90
12	28		4.71	4.20	2.00	1.82
13	28		4.07	4.38	1.71	1.93
14	28		4.36	4.54	2.07	1.87
15	22		5.18	4.74	1.82	1.98
16	18		4.67	4.56	2.06	1.86
17	13		3.85	4.26	1.69	1.87
18	8					

EY Upper line: all articles, books, etc. Lower line: articles in special journal subset Curves Smoothed by running average of three. Only averages of 10 or more authors are used.

Exhibit II.20

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AGE	AUTH	RAW	HTOOMS	RAW S	нтоом
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ã	27	. 15	.31	.15	.19
2 3 4	27	. 44	. 33	. 22	. 14
5	27	-41	. 64	.04	. 19
2	27	1.07	1.14	.30	. 44
6 7	27	1.93	1.83	1.00	. 93
			2.42	1.48	1.26
8	27	2.48			
9	27	2.85	2.97	1.30	1.39
10	21	3.57	3.19	1.38	1.38
11	13	3.15	3.36	1.46	1.42
12	4				
13	i				
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Upper line: all articles, books, etc.
Lower line: articles in speciful journal subset
Curves smoothed by running average of three.
Only averages of 10 or more authors are used.



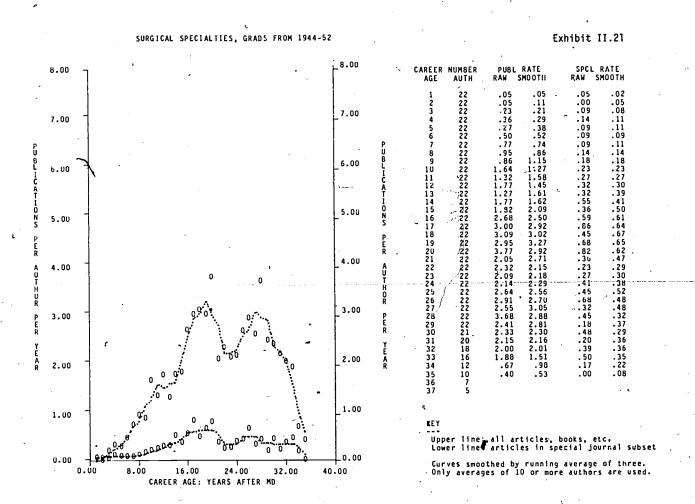


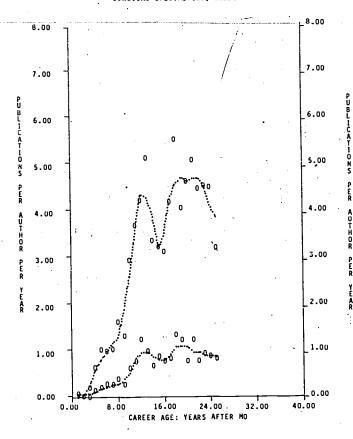
AAMC MEDICAL FACULTY RESEARCH PRODUCTIVITY STUDY

SURGICAL SPECIALTIES

EXHIBITS II.21 TO II.25

CHRONOLOGICAL AGE IS APPROXIMATELY CAREER AGE PLUS 25 YEARS





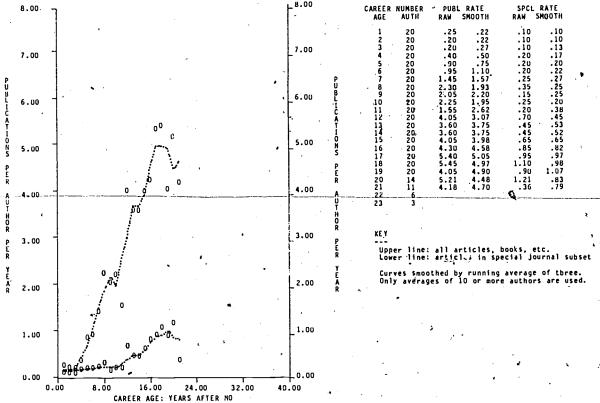
CAREEK	NUMBER	PUBL	KAIL	31.05	WWIE
AGE	AUTH		HOOTH	RAW S	MOOTH
AGE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	20-20-20-20-20-20-20-20-20-20-20-20-20-2	PUBL S			.02 .02 .05 .12 .25 .32 .30 .43 .57 .90
15 16 17 18 19 20 21 22 23 24 25 26 27 28	20 20 20 20 20 20 20 20 20 11 9	3.20 3.10 4.20 5.55 4.05 4.65 5.10 4.45 4.55 4.50 3.18	3.22 3.50 4.28 4.60 4.75 4.60 4.73 4.70 4.50 4.08 3.84	.90 .75 .85 1.35 1.20 .75 .95 .82	. 77 . 83 . 98 1 . 13 1 . 10 1 . 07 . 92 . 98 . 85 . 87 . 83

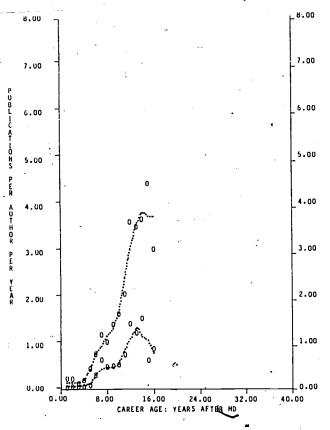
KEY line: all articles, books, etc. line: articles in special journal subset Curves smoothed by running average of three Only averages of 10 or more authors are use

SURGICAL SPECIALTIES, GRAOS FROM 1958-62

SPCL RATE RAW SMOOTH

Exhibit II.23



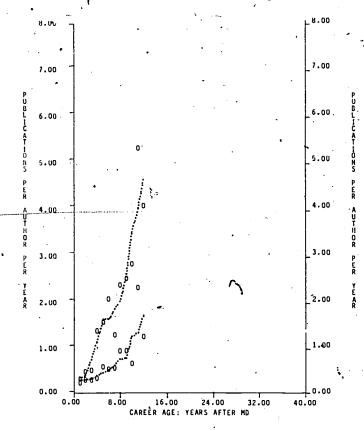


CAREER AGE	NUMBER AUTH	PUBL R aw	SMOOTH	SPCL RAW	RATE SMOOTH
AGE 1 2 3 4 5 6 7 8 9 10 11 2 13 14 15	AUTH 22 22 22 22 22 22 22 22 22 22 22 22 2	.18 .18 .09 .18 .45 .77 1.18 1.00 1.41 1.64 2.09 3.64 3.50 3.68	SMOOTH .18 .15 .15 .24 .47 .80 .98 1.20 1.35 1.71 2.45 3.08 3.61 3.88 3.72	RAW .00 .05 .05 .05 .09 .32 .64 .45 .50 .55 .77 1.41 1.18 1.55	.02 .03 .05 .06 .15 .35 .47 .53 .50 .61 .91
16 17 18	10 4 2	3.00	3.73	.90	.75

KE Y

Upper line: all articles, books, etc. Lower line: articles in special journal subset Curves smoothed by running average of three. Only averages of 10 or more authors are used.

SURGICAL SPECIALTIES, GRAOS FROM 1967-72



• Exhibit II.25

	1		•		
CAREER	NUMBER	PUBL	RATE	SPCL	RATE
AGE	AUTH	RAW	SMOOTH	RAW S	HTOOM
1 2 3 4 5 6 7 8 9 10 11 12 13	22 22 22 22 22 22 22 22 22 22 22 21 6	.27 .45 .50 1.36 h.55 2.05 10.23 2.36 2.36 2.81 5.29 4.00	.36 .41 .77 1.14 1.65 1.61 1.88 2.03 2.56 3.53 4.03 4.64	.18 .27 .27 .32 .59 .55 .91 .91 .91	.23 .24 .29 .39 .47 .55 .65 .79 .81 1.27 1.36 1.73

KE Y

Opper line: all articles, books, etc.
Lower line: articles in special journal subse
Curves smoothed by running average of three.
Only averages of 10 or more authors are used.

AAMC MEDICAL FACULTY

RESEARCH PRODUCTIVITY STUDY

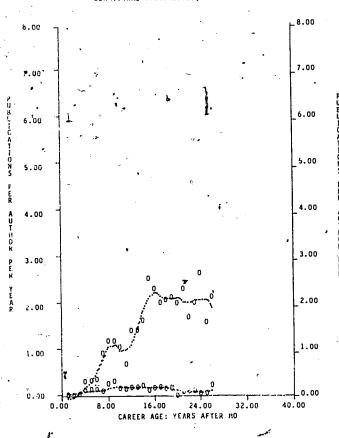
BEHAVIORAL SPECIALTIES

EXHIBITS II.26 TO II.30

CHRONOLOGICAL AGE IS APPROXIMATELY CAREER AGE PLUS 25 YEARS

Exhibit II.26 BEHAVIORAL SPECIALTIES, GRADS FROM 1944-52 8.00 8.00 CAREER NUMBER AGE SHOOTH AUTH RAW RAW .00 .05 .05 7.00 7.00 .10 .48 .95 .05 6.00 6.00 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 27 5.00 5.00 1.24 1.81 1.19 2.14 4.00 4.00 1.33 2.00 2.81 3.48 2.38 2.24 2.52 3.06 2.31 1.79 3.45 1.09 3.00 3.00 28 29 30 31 32 33 34 35 .14 .27 .36 2.00 2.00 1.00 1.00 KE Y . Upper line: all articles, books, etc. Lower line: articles in special journal subset Curves smoothed by running average of three. Only averages of 10 or more authors are used. 0.00 0.00 24.00 8.00 0.00 16.00 32.00 40.00 CAREER AGE: YEARS AFTER MD





CAREER	NUMBER	RAW S	RATE	SPCL.I	RATE
AGE	AUTH		MOOTH	Raw Si	400 TII
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 22 22 22 24 25 26 27 28 27 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	21 21 21 22 21 21 21 21 21 21 21 21 21 2	.00 .00 .05 .33 .38 .95 1.24 1.19 1.67 2.57 2.29 2.00 2.14 2.00 2.33 1.67 2.57 2.57	.00 .02 .13 .24 .35 .86 .86 .113 1.16 .97 1.17 1.51 1.89 2.17 2.29 2.13 2.08 2.08 2.00 2.02 2.13 2.10 2.10 2.10 2.11 2.10 2.11 2.10 2.11 2.10 2.11 2.10 2.11 2.10 2.11 2.10 2.11 2.10 2.10	.00 .00 .05 .14 .14 .10 .29 .33 .14 .19 .24 .10 .19 .19 .19 .10 .10 .10 .05	.00 .02 .06 .11 .14 .13 .17 .24 .25 .21 .16 .17 .17 .11 .10 .06 .10 .08

Upper line: all articles, books, etc.
Lower line: articles in special journal subset
Curves smoothed by running average of three.

BEHAVIORAL SPECIALTIES, GRADS FFOM-1958-62

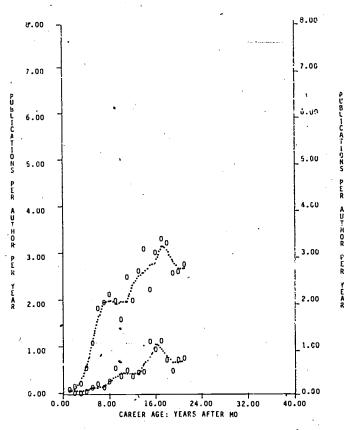


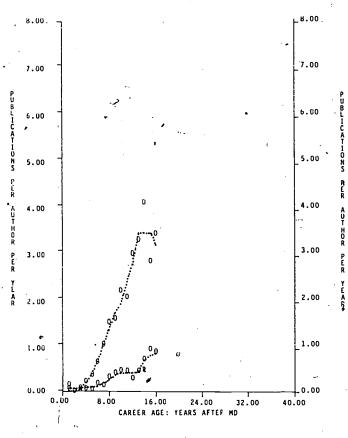
Exhibit II.28

CAREER	NUMBER		RATE	SPCL	RATE
AGE	AUTH		400TH	RAW S	MOOTH
1 2 3 4 5 5 6 7 8 9 9 10 11 2 13 4 15 14 15 12 2 2 3 3	17 17 17 17 17 17 17 17 17 17 17 17 17 1	.06 .18 .24 .59 1.12 1.88 2.00 2.18 2.50 2.65 2.23 3.24 2.59 2.62 2.62	.12 .16 .33 .65 1.20 2.06 1.92 2.04 2.39 2.67 2.88 3.22 3.26 2.81 2.67	.06 .00 .06 .18 .24 .12 .29 .35 .35 .35 .47 1.18 .94 1.18 .71 .77	.03 .02 .02 .08 .18 .22 .33 .41 .49 .41 .45 .71 .86 .65 .68

EY

Opper line: all articles, books, etc.
Lower line: articles in special journal subset

Curves amonthed by running average of three
Only averages of 10 or more authors are used.



CAREER	NUMBER	PUBL	RATE	SPC L	RATE
AGE	AUTH	Raw	SMOOTH	Raw	SMOOTH
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	25 25 25 25 25 25 25 25 25 25 25 25 25 2	.12 .00 .08 .24 .68 1.04 1.52 2.20 2.20 3.32 4.12 2.34	.06 .07 .11 .24 .71 1.08 1.39 1.75 2.41 2.47 3.48 3.41 3.13	.04 .00 .04 .08 .04 .20 .12 .36 .44 .48 .48 .76 .85	. 02 . 03 . 04 . 05 . 11 . 12 . 23 . 31 . 43 . 45 . 40 . 40 . 51 . 73 . 85 . 90

KEY
Upper line: all articles, books, etc.
Lower line: articles in special journal subset
Curves smoothed by running average of three.
Only averages of 10 or more authors are used.

BEHAVIORAL SPECIALTIES, GRADS FROM 1967-72

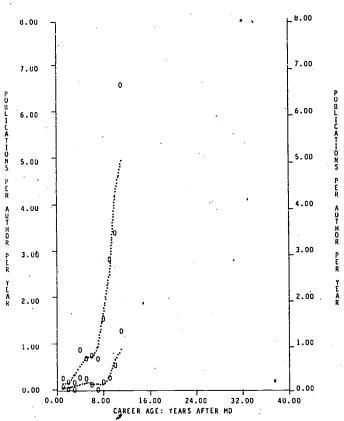


Exhibit II.30

CAREER	NUMBER	PUBL	RATE	SPC L	RATE
AGE	AUTH	RAN	SMOOTH	RAW	SMOOTH
1 2 3 4 5 6 7 8 9 10 11 12 13	21 21 21 21 21 21 21 21 21 14 10 6	. 24 . 14 . 90 . 67 . 76 . 67 . 2. 86 3. 43 6. 60	.19 .17 .40 .57 .78 .70 1.00 1.70 2.62 4.30 5.01	.05 .00 .00 .29 .24 .10 .00 .19 .29 .57	.02 .02 .10 .17 .21 .11 .10 .16 .35

KEY

upper line: all articles, books, etc.
Lower line: articles in special journal subset
Curves smeethed by running average of three.
Only averages of 10 or more authors are used.

AAMC MEDICAL FACULTY

RESEARCH PRODUCTIVITY STUDY

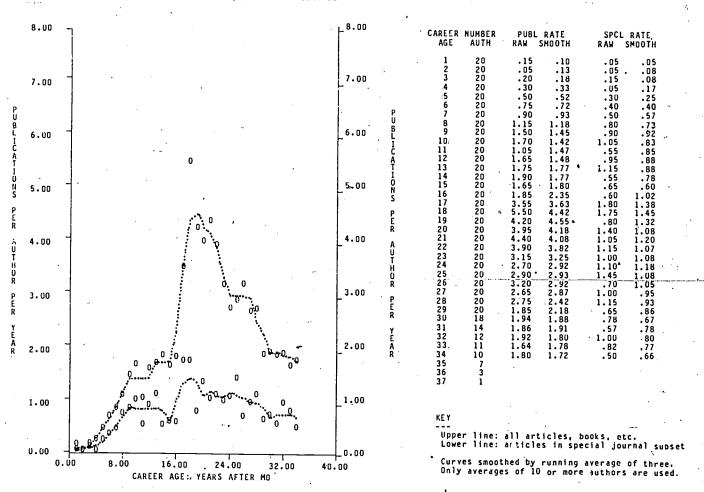
HOSPITAL BASED SPECIALITIES

EXHIBITS II.31 TO II.35

CHRONOLOGICAL AGE IS APPROXIMATELY CAREER AGE: PLUS 25 YEARS

HOSPITAL-BASED SPECIALTIES, GRADS FROM 1944-52

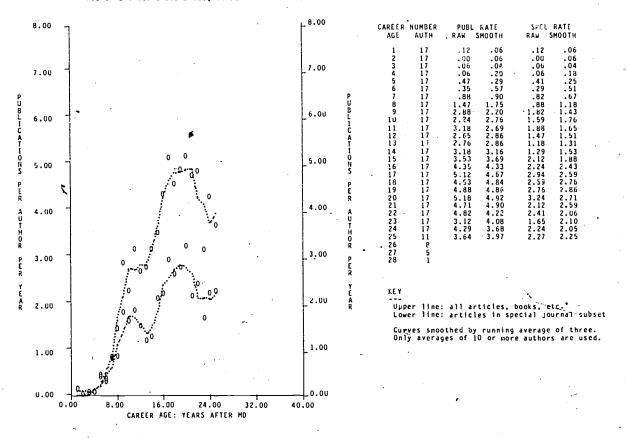
Exhibit II.31



-38

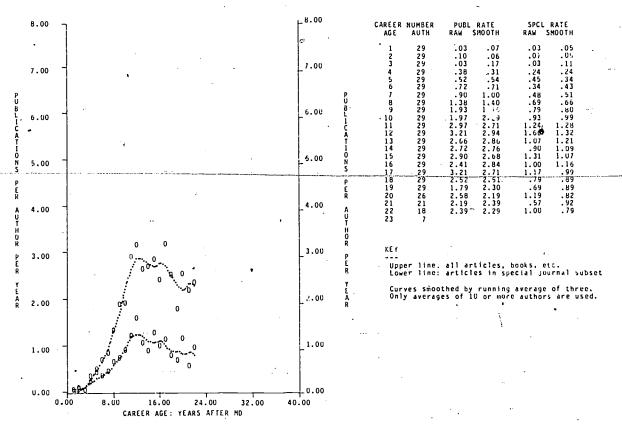
64

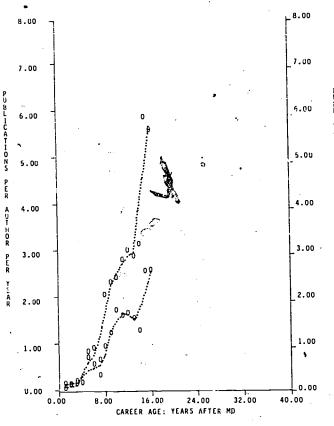
Exhibit II.32



HOSPITAL-BASEO SPECIALTIES, GRAOS FROM 1958-62

Exhibit II.33





CAREER NUMBER AUTH RAW SHOOTH RAYS SHOOTH

1 21 .14 .14 .05 .10
2 21 .14 .17 .14 .13
3 21 .24 .19 .19 .17
4 21 .19 .44 .19 .38
5 21 .90 .68 .76 .51
6 21 .95 .84 .57 .56
7 21 .67 1.24 .33 .63
8 21 2.10 1.71 1.00 .87
9 21 2.38 2.32 1.29 1.35
10 21 2.48 2.57 1.76 1.56
11 21 2.86 2.79 1.62 1.70
12 21 3.05 2.94 1.71 1.63
13 21 2.90 3.05 1.57 1.52
14 21 3.19 4.01 1.29 1.35
13 21 2.90 3.05 1.57 1.52
14 21 3.19 4.01 1.29 1.82
15 12 5.93 4.91 2.60 2.60

KEY
Upper line: all articles, books, etc.
Lower line: articles im special journal subset
Curves smoothed by running average of three.
Only averages of 10 or more authors are used.

HOSPITAL-BASED SPECIALTIES, GRADS FROM 1967-72

Exhibit II.35

CAREER NUMBER PUBL RATE SPCL RATE AGE AUTH RAW SMOOTH RAW SMOOTH

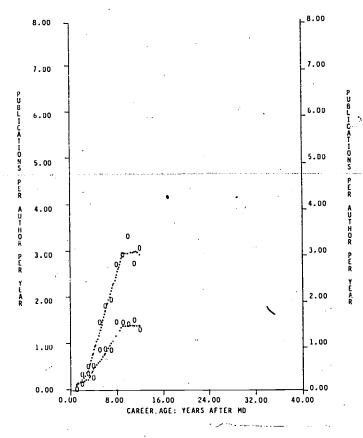
.18 .30 .48 .87

1.30 1.78 2.20 2.57 3.02 3.02 3.07 2.92 .00 .15 .40 .25 .90 .85 1.50 1.45 1.42 1.53

.18 .27 .52 .68 .88 1.08

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.00 .35 .55 .55 1.50 1.85 2.00 2.75 2.95 3.37 2.73 3.10



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Upper line: all articles, books, etc.

Lower line: articles in special journal subset

Curves smoothed by running average of three.

Only averages of 10 or more authors are used.



AAMC MEDICAL FACULTY RESEARCH PRODUCTIVITY STUDY

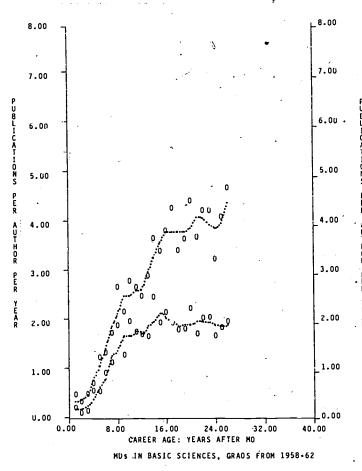
BASIC SCIENCE

EXHIBITS II.36 TO II.40

CHRONOLOGICAL AGE IS APPROXIMATELY CAREER AGE PLUS 26 YEARS

Exhibit II.36 MDs IN BASIC SCIENCES, GRADS FROM 1944-52 8.00 8.00. CAREER NUMBER PUBL RATE 7.00 7.00 6.00 6.00 5.00 P E R 19 20 21 22 23 24 25 26 27 28 29 31 31 33 33 33 33 37 4.00 AUTHOR 4.00 3.00 3.00 1.00 1.80 1.89 1.88 1.11 2.00 2.00 1.00 1.00 KE Y 0.00 0.00 Curves smoothed by running average of three. Only averages of 10 or more authors are used. 8.00 16.00 24.00 32.00 40.00 CAREER AGE: YEARS AFTER MD





	PUBL RATE	SPCL RATE
AGE AUTH R	AVL SMOOTH	RAW SMOOTH
1 22 2 22 3 22 4 22 5 22 6 22 1 1 7 22 1 22 1 1 1 22 1 1 1 22 1 1 2 2 1 1 1 2 2 2 1 3 1 4 1 6 2 2 2 2 1 1 1 7 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8	.45 .39 .32 .42 .50 .52 .73 .83 .27 .12 .36 1.47 .77 1.94 .58 .255 .88 .253 .65 2.64 .45 2.67 .91 3.02 .68 3.33 .41 3.65 .32 3.86 .32 3.20 3.20 3.20 3.20 3.20 3.20 3.20	.18 .14 .27 .59 .42 .55 .70 .95 .88 .116 .1.33 .1.91 .1.44 .27 .1.73 .1.80 .1.64 .1.94 .2.50 .2.02 .1.91 .2.00 .1.91 .2.00 .1.91 .95 .2.02 .1.91 .2.00 .1.91 .95 .2.00 .1.91 .95 .2.00 .1.91 .95 .2.00 .1.91 .95 .2.00 .1.91 .95 .2.00 .1.91 .95 .2.00 .1.91 .95 .2.00 .1.91 .95 .2.00 .1.91 .95 .2.00 .1.91 .95 .2.00 .1.92 .1.68 .2.02 .0.9 .1.94 .1.85 .1.87 .1.83 .2.00 .1.93

KEY

Upper line: all articles, books, etc.

Lower line: articles in special journal subse

Curves smoothed by running average of three.

Only averages of 10 or more authors are used.

Exhibit II.38

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1234 567 891 1123 145 117 118 120 221 223	26 26 26 26 26 26 26 26 26 26 26 26 26 2	. 42 .73 .38 .62 .77 .27 2.00 1.88 1.96 2.35 3.58 3.58 3.59 3.54 2.62 2.86 2.92 2.86 2.92	.58 .518 .598 1.355 1.725 2.065 2.458 3.295 3.444 3.429 3.4449 3.236 3.2	1. 1. 1. 2. 1. 2. 2. 1 2 1 1.	2332155467742288888462181644231555133	.23 .198 .366 .588 1.57 .105 .105 .105 .113 .113 .113 .113 .113 .113 .113 .11

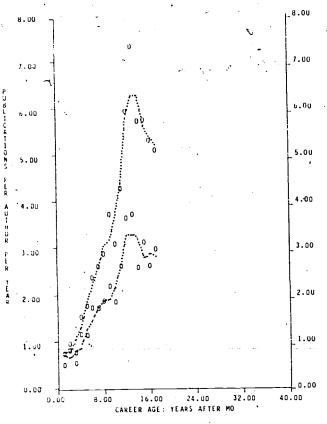
KEY

Upper line: all articles, books, etc.

Lower line: articles in special journal subset

Curves smoothed by runnin, average of three.

Only averages of 10 or more authors are used.



MOS IN BASIC SCIENCES, GRADS FROM 1967-72

CAREER AGE	NUMBER AUTH		RATE MOUTH		RATE **
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	22 22 22 22 22 22 22 22 22 22 22 22 22	.73 1.00 .77 1.59 2.41 2.64 2.91 3.77 3.09 7.36 6.00 7.36 5.78 5.31	.86 .83 1.12 1.39 1.94 2.65 3.11 3.73 4.47 5.89 6.36 6.29 5.61 5.40	.50 .86 .55 1.18 1.14 1.77 1.73 1.91 2.23 1.86 2.64 3.77 2.59 3.17 2.63	. 68 . 64 . 86 . 95 1 . 35 1 . 80 2 . 20 2 . 24 2 . 73 3 . 35 3 . 18 2 . 93 2 . 93 2 . 81

Upper line: all articles, books etc. tower line: articles in special journal subset Curves smoothed by running average of three. Only averages of 10 or more authors are used.

Exhibit II.4

SPCL RATE RAW SMOOTH B

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upsurge in research activity. Third, those physicians who graduated between 1944 and 1952 had clearly different publication profiles than physicians in all subsequent eras. Early graduates regardless of specialty group, seemed to increase their publication rates slowly over a period of about 10 to 15 years after graduation. More recent graduates achieve a much higher rate of publication in a shorter time after graduation from medical school.

Composite profiles were developed for each of the five specialty groups so that models of projected output might be developed. This projection of research output as measured by publications will be considered in more detail in section I.1 of this Chapter.

We also investigated the effect of achieving tenure on research output as measured by publication rate and also the question whether tenure affected the order of authorship of manuscripts:

- Exhibit II.41 shows there was no apparent effect on publication rate by promotion to associate professor, a rank we deemed equivalent to achieving tenure. The rate of "all publications" as well as the publication rate in "select research" journals was not affected by promotion in academic rank.
- It is commonly held that as faculty grow older they are more likely to shift from first or sole authorship of research publications to the last or "senior author" position. The data we have obtained allow us, in passing, to confirm that this common wisdom is indeed correct. It is beyond the scope of this report to show all the data obtained on this point but Exhibit II.42 gives an example for medical specialists which is similar to that found for all specialty groups.

PUBLICATION RATE IN YEARS BEFORE AND AFTER TENURE WAS CONFERRED*

5.	" <u>A11 </u>	"All Publications"			"Select Research" Publications		
	Two Years Before	Year Of <u>Tenure</u>	Two Years <u>After</u>	Two Yea Bef		Year Of Tenuro	Two Years <u>After</u>
Medical	3.18	3.67	.3.82	1.	73	2.14	1.96
Surgical	3.02	4.02*	3.92	0.	.80	0.89	0.79
Behavioral	2.23	3.75	3.92	0.	.25	0.74	0.48
Hospitai-Based	3.24	3.23	3.25	• 1.	.77	1.61	1.63
Basic Science	2.58	3.16	3.80	1.	.70	2.11	2.37

 $[\]dot{\tau}$ i.e., years in which individual was promoted to associate professor

Exhibit II.42

POSITION OF AUTHORSHIP

Medical Specialists'

	5th year After MD*	15.h year After MD*	25th year After MD*
Percent of publications in which individual was first or sole author	5′.2%	44.1%	43.5%
Percent of publications in in which individual was last author	13.4%	38.2%	41.4%

^{*}Publication rate was averaged over the fourth to sixth, fourteenth to sixteenth or twenty-fourth to twenty-sixth years after $\mbox{\scriptsize MD}$



H. <u>Career Age Distribution</u>

There is considerable interest in the question whether the faculty is growing progressively older or "graying." Such a question has significant implications for biomedical research because many major research advances are made by young individuals. We have examined this question using records of age, year of M.D. and specialty for all MDs on the Faculty Roster System Career age is defined as years after graduation from medical school. The changing career age distribution of all MD faculty is graphically displayed in Exhibit II.43. The career age distributions of faculty in each specialty group in each year over the decade 1968 to 1978 are shown in Exhibits II.44 through II.48. It appears tha even though faculties have been growingat a rate of six percent per year, they have become progressively older in the past decade. A word of caution, however, is in order. An unknown fraction of the observed "graying" trend may be due to an artifact of the Faculty Roster System's method of recreating rosters for past years from incomplete rank history data. Thus, while the career ages of faculty tallied for 1978 exclude all instructors, those tallied for 1968 may include instructors. This is likely to make the faculty in 1968 (and other years before 1978) appear to be younger in comparison with the 1978 faculty.

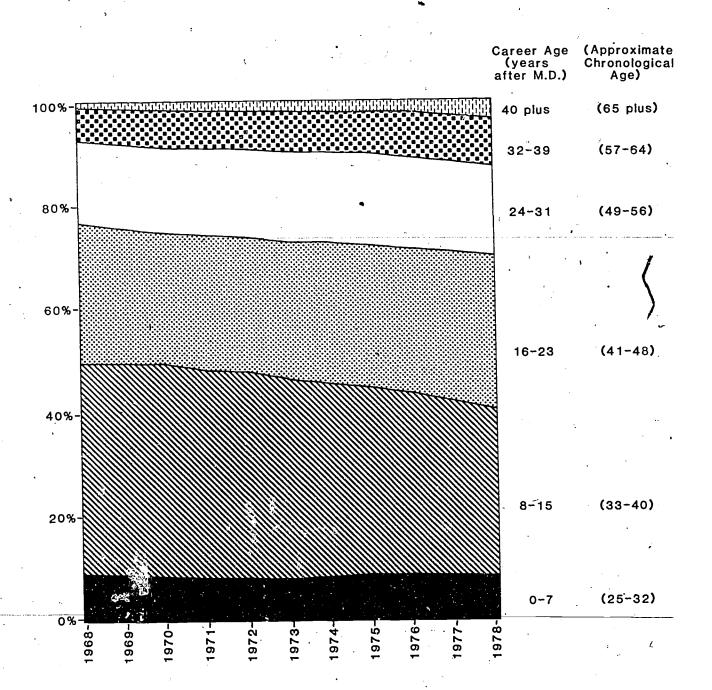
Projections of physician faculty ages for the coming decade 1980-1990 were calculated based upon the recent average rate of hiring and attrition due to death, entering private practice, retireing, or other reasons. (The projections are not based upon observed trends in previous "graying.") We have assumed that these age-specific hiring and attrition rates will remain constant, and that one of three conditions would also pertain, i.e., that

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EXHIBIT II.43

AGE DISTRIBUTION OF ALL MD FACULTY

(CHRONOLOGICAL AGE EQUALS CAREER AGE PLUS 25 YEARS)





AGE DISTRIBUTION OF FACULTY IN MEDICAL SPECIALTIES, 1968-1978 (CHRONOLOGICAL AGE EQUALS CAREER AGE PLUS 25 YEARS)

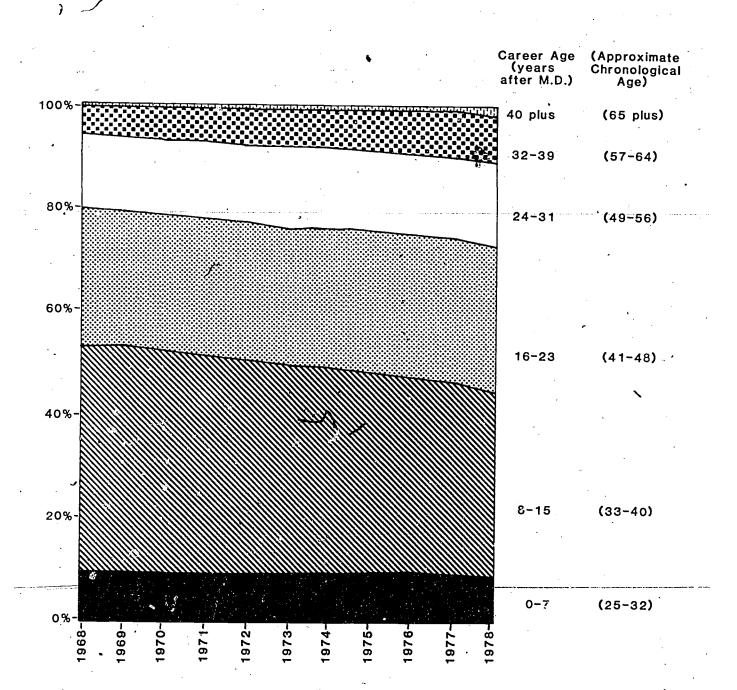




EXHIBIT II.45

AGE DISTRIBUTION OF FACULTY IN SURGICAL SPECIALTIES (CHRONOLOGICAL AGE EQUALS CAREER AGE PLUS 25 YEARS)

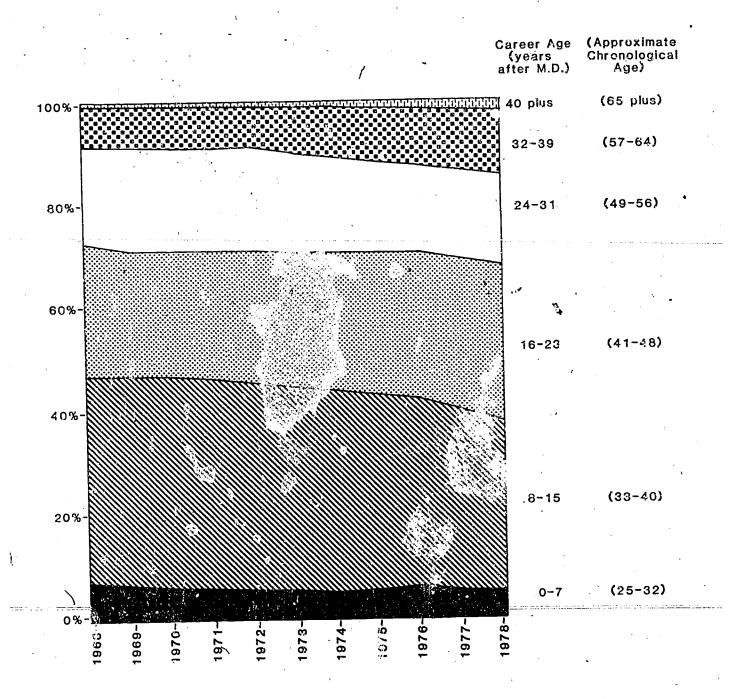




EXHIBIT II.46

AGE DISTRIBUTION OF FACULTY IN BEHAVIORAL SPECIALISTS

(CHRONOLOGICAL AGE EQUAL CAREER AGE PLUS 25 YEARS)

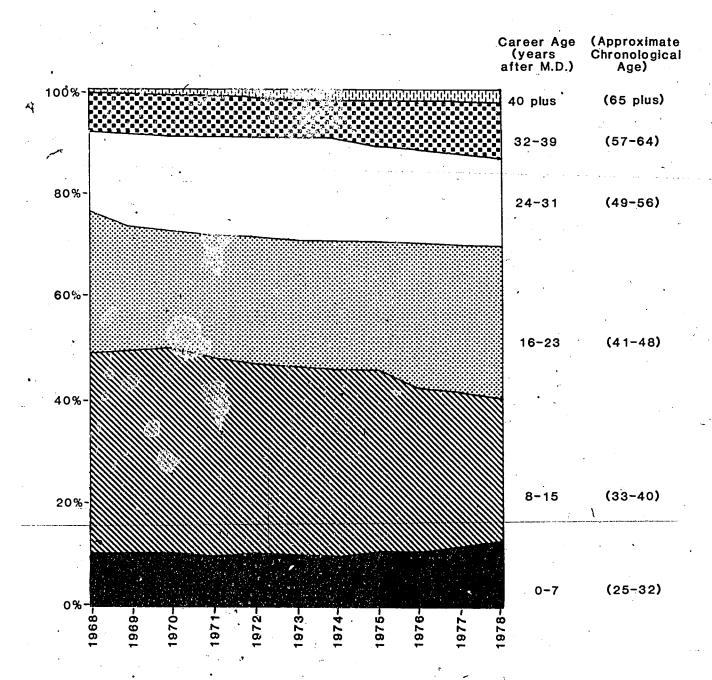


EXHIBIT II.47

AGE DISTRIBUTION OF FACULTY IN MOSPITAL-BASED SPECIALTIES

(CHRONOLOGICAL AGE EQUALS CAREER AGE PLUS 25 YEARS)

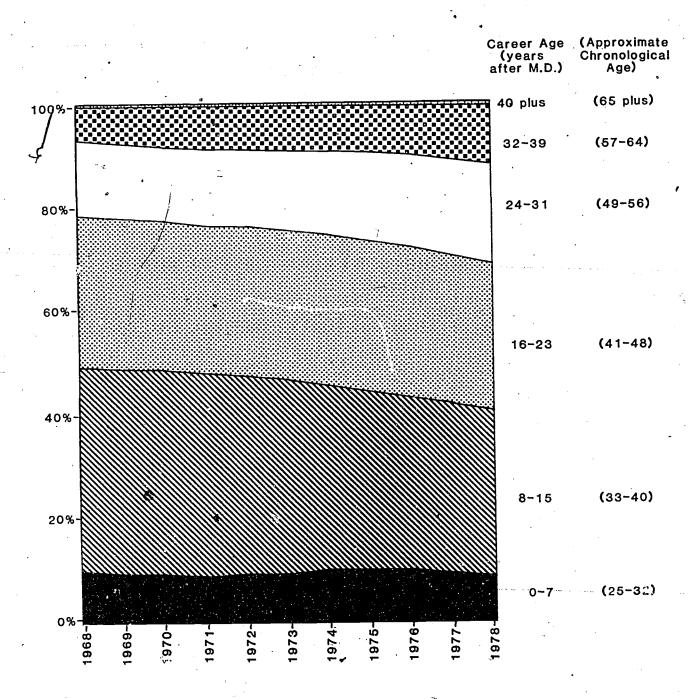
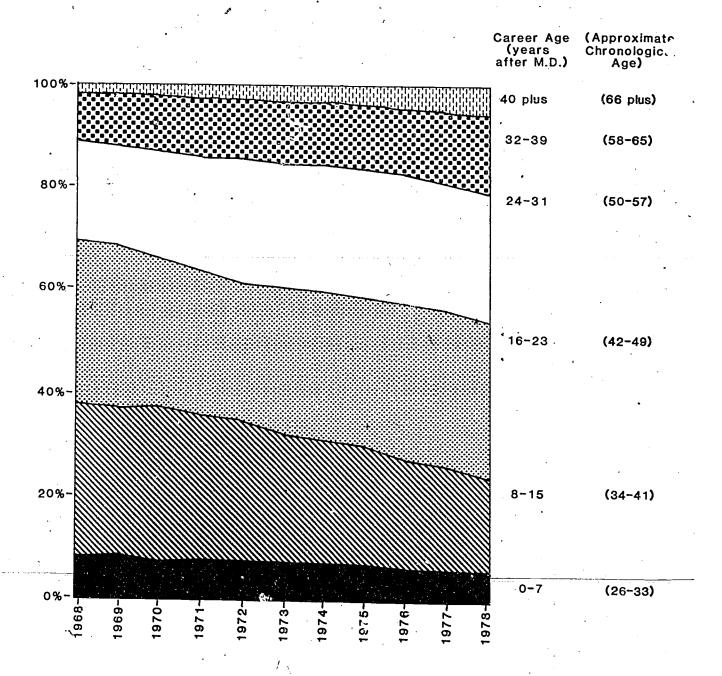




EXHIBIT II.48

AGE DISTRIBUTION OF MD FACULTY IN BASIC SCIENCES

(CHRONOLOGICAL AGE EQUALS CAREER AGE PLUS 26 YEARS)



there would be zero, three percent or six percent growth of faculty. Finally, we have assumed that 25 percent of faculty reaching age 65 would retire in the first year and 25 percent in each succeeding year.

Based on these assumptions, the projected career age distributions of all MD faculty for 1980 to 1990 are shown in Exhibits II.49 through II.51. At a six percent growth rate faculty age distribution remains constant, but the faculty ages at three percent growth and ages more quickly at zero growth. These projections of age were made not only to examine the "graying" question but also as a necessary step on the prediction of research output (next section).

I. <u>Projected Research Output</u>

The main purpose of the analyses reported in this chapter is to assess the impact of the "graying" of the physician faculty in our medical schools on future production, dissemination and application of new knowledge in the biosciences. The focus of the analysis is on that parameter which we are able to measurg: the dissemination of research findings through the publication of journal articles and books.

Our projection model is based on four statistical assumptions describing:

- (1) The publication rates of physicians throughout their careers,
- (2) The career age distribution of all physicians hired by medical schools for the first time in a given year,
- (3) The deactivation rates of physicians due to the combination of death, retirement and other loss from medical faculties at varying career ages, and
- (4) The expected overall growth rate of the faculties at all American medical schools.



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EXHIBIT II.49

AGE DISTRIBUTION OF ALL MD FACULTY,

1980-1990, Assuming Zero Growth

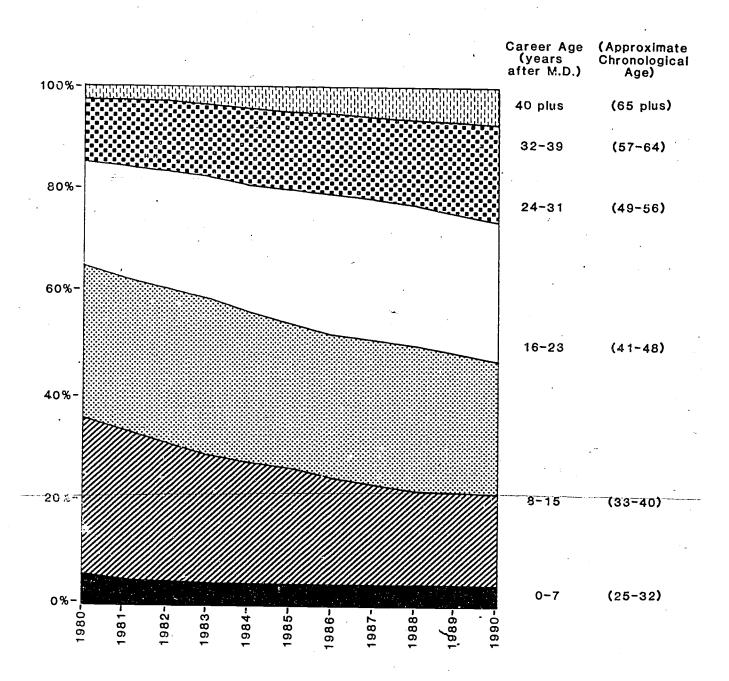


EXHIBIT II.50

PROJECTED AGE DISTRIBUTION OF ALL MD FACULTY,

1980-1990, Assuming A Three Percent Annual Growth Rate

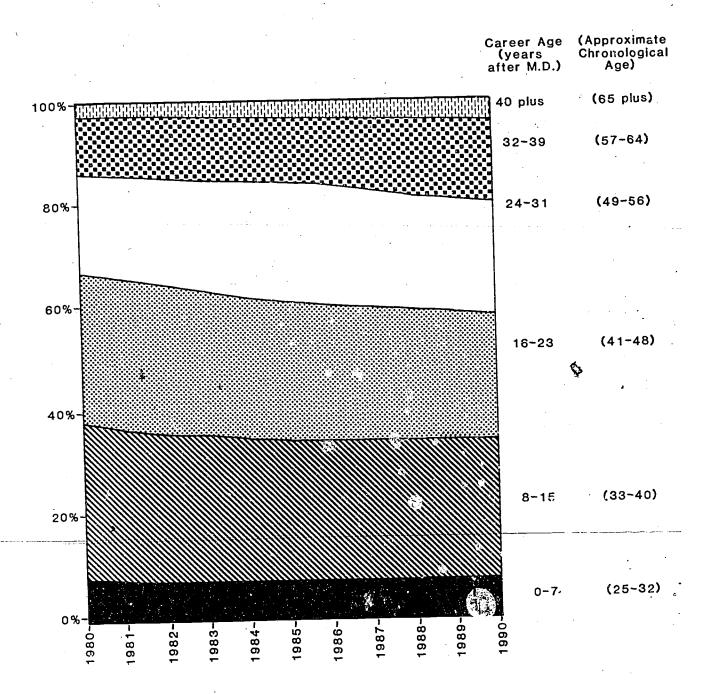
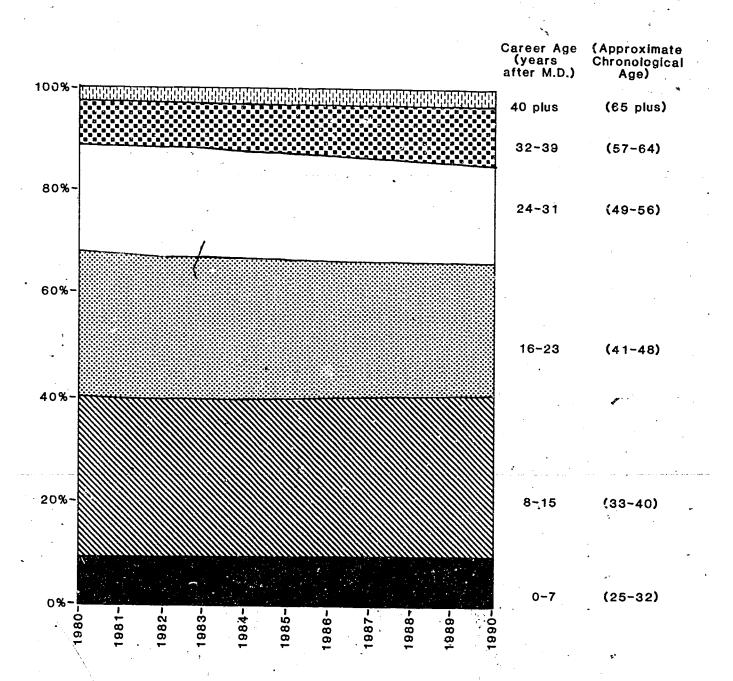




EXHIBIT II.51

PROJECTED AGE DISTRIBUTION OF ALL MD FACULTY, 1980-1990, Assuming a Six Percent Annual Growth Rate





The parameters of these assumptions and the method of projection are detailed in the following paragraphs.

1. <u>Publication Rates</u>. The career-long total and "select research" publication rates used in the projections of future annual numbers of publications are derived from the publication rates of the second specialty groups in the different graduation eras. For a given specialty the publication profile is composed as follows:

Career Ages	Composite publication rate based on average rates of graduates from
1-5	1967-1972
6-10	1963-1966 and 1967-1972
11-15	1958-1962 and 1963-1966
16-20	1953-1957 and 1958-1962
21-25	1944-1952 and 1953-1957
26 34	1944-1952
34 and over	1944-1952, extrapolated

The two composite publication profiles ("all" and "select research") for each of the five specialty groups are presented in Exhibits II.52 to II.56.

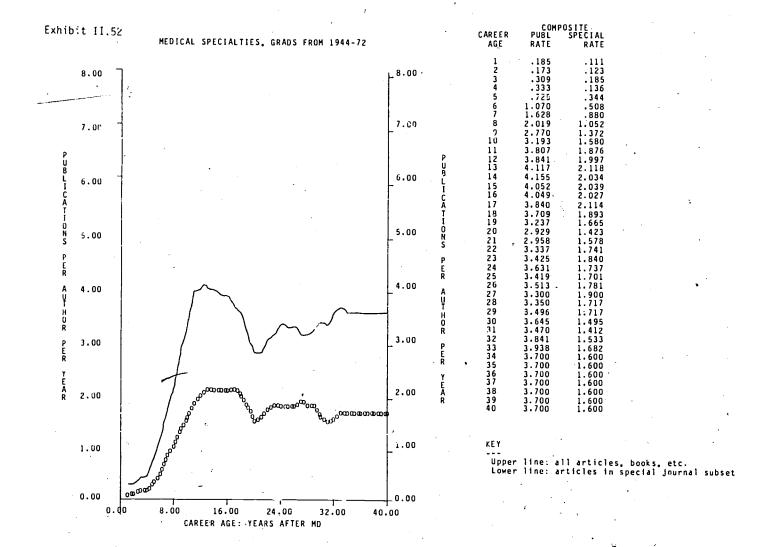
2. Accession "Rates." Column A of Exhibit II.57 presents the percentage of all newly hired MD faculty (first time) who are of each career age (elapsed years after earning the MD degree). For example, 10.02 percent of all newly hired faculty in a given year will be five years out of medical school. The distribution is the average of the three distributions for 1976, 1977 and 1978. An adjustment was made for career

AAMC MEDICAL FACULTY

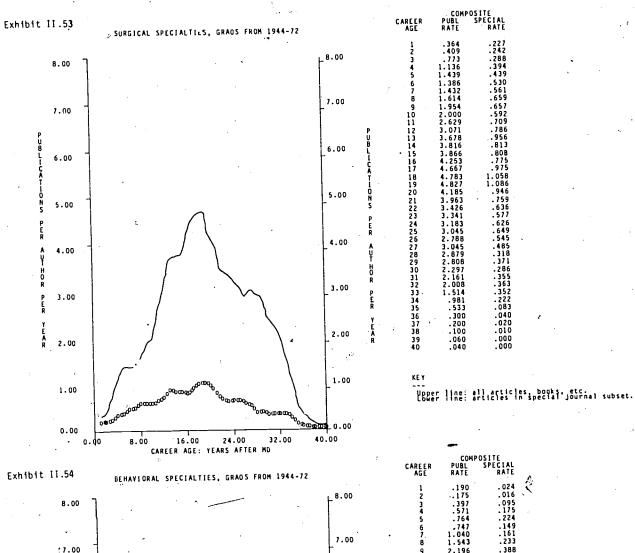
RESEARCH PRODUCTIVITY STUDY

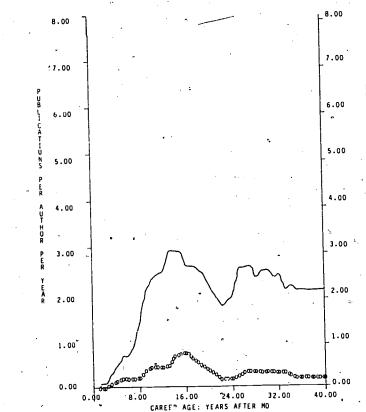
COMPOSITE PROFILE OF EXPECTED INDIVIDUAL OUTPUT

Ехнівітя **II.52** то **II.56**



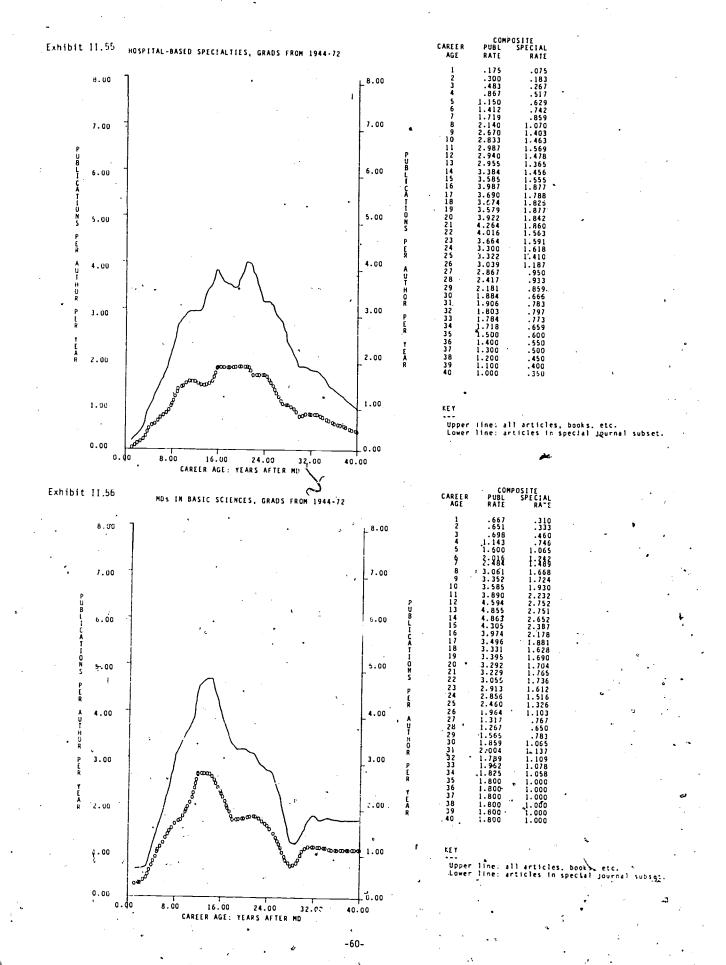






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-59-



ERIC Full text Provided by ERIC

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MD FACULTY ACTIVATION AND DEACTIVATION RATES USED IN PROJECTIONS OF NUMBERS OF RESEARCH PUBLICATIONS

		<u>A</u> `	<u>3</u>
Career Age (Years after MD)	Appro∠imate Chronological Age	Age Distribution (oercent)*	Deactivation Rate (percent)**
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 40 40 40 40 40 40 40 40 40 40 40 40	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 66 66 66 66 66 66 66 66 66 66 66	.26 .19 .40 2.63 6.69 10.02 10.14 10.28 9.32 6.02 4.96 4.57 4.11 3.05 2.61 2.46 2.33 2.19 2.15 1.87 1.88 1.27 1.77 1.20 1.45 1.10 .75 .84 .76 .61 .47 .57 .53 .50 .48 .39 .25 .25 .23 .20 .25 .20 .20 .20 .20 .20 .20 .20 .20 .20 .20	.00 .00 3.70 7.43 9.54 10.76 9.94 8.25 9.12 8.65 8.11 6.70 6.21 6.35 4.98 4.94 4.57 4.69 3.95 3.89 2.66 3.47 3.42 3.75 3.32 3.46 2.55 3.43 3.63 2.23 3.47 3.65 3.12 3.56 3.76 2.93 3.75 3.25 6.85 8.02 10.59 25.00

^{*} May not sum to 100.00 due to rounding. For definition see text. ** For definitions, see text.



ages over 41; that is, an average conological age of 66 and over. For these ages, our model assumes there w be no first-time accessions to the faculty. The sum of the career age activation percentages in column A is 100.0.

- 3. Deactivation Pages. Column B of Exhand 11.57 presents the rates of deactivation for his faculty at each conservage. For example, 8.11 percent of MD faculty with a career age of 10 (chronological age about 35) will leave the moster of faculty each year. These rates are the averages of the rates for 1976, 1977 and 1978. The rate for career ages of 41 and over, that is, those with an average chronological age of 66 and over, has been arbitrarily adjusted upward from 10.62 percent to 25 percent to account for increasing pressure to retire soon after the age of 65
- 4. Faculty Browth Rate. Three different assumptions were made about future growth in the size of U.S. medical school faculties. The assumed rates are six percent growth (a continuation of the trend over the past five years), three percent growth and no growth. These are the same values use in previous National Research Council "demand" models.
- 5. Estimation of Future Publications. Beginning with the faculty age distribution in 1978 (latest complete data), the number of faculty at each age career in 1979 was estimated by adjusting the distribution for deactivations, for aging by one year, and for accessions. The number of accessions was equal to the number of deactivations plus the growth rate times the size of the faculty in the previous year. Thus, the number of faculty at each career age in 1979 was derived. The expected rate of publication by faculty at each career age was multiplied by the number of faculty at that career age and the results were summed over all ages,

resulting in an estimation of number of publications by U.S. medical school faculties in 1979. The process was iterated from 1978 through 1990. (The projected number of MD faculty replaced and added in each successive year are presented below in section J of this chapter.)

Results of Projected Publication Output. In the proceeding sections of this chapter we have developed a faculty sampling frame, measures of research productivity (including all publications and selected research publications), creation of productivity profiles by physician speciality group and estimates of MO facility age distribution between 1968 and 1990. In this section, we present estimates of the research productivity of physician scientists by combining all preceding technical steps to obtain projected publication output of physician faculty over the decade 1980-1990. All the caveats previously cited apply to these estimates but it is especially important to keep in mind that the projected publication rates will appear artificially high-because each actual publication has an average of three co-authors. (To estimate the tree number of publications annually, therefore, divide by three.) The total number of publications should be interpreted. cautiously. However, the trends in publication rates, annual as well as long term percentage changes and differences between specialty groups are valid within the limits of the methodology employed. Complete publication projections for all specialty groups as well as projections of faculty size are given in Appendix II.5. Summary results for the jears 1980, 1985, and 1990 are given in this chapter as Exhibits II.58 through II.62.

The first three Exhibits summarize the results of projected publication. output for all publications and for selected research publications employing three assumptions about faculty growth: 1) six percent faculty growth,

2) three percent faculty growth and 3) zero faculty growth. A six percent



faculty growth rate (Exhibit II.58) projects a continuation of the recent trend in growth of U.S. medical schools throughout the decade 1980-90.

Under these assumptions all publications by MD faculty will increase 95.2 percent from 70,661 to 137,961 publications per year. (In Exhibits II.58 through II.62 and in the text, percent changes in annual numbers of publications are based on 1978 as the base year.) At a six percent physician faculty growth rate by 1990 "selected research" publications will also increase 95.0 percent from 29,528 to 57,570 publications per year.

At a three percent MD faculty growth rate, a rate one half present growth, annual publications will grow by 37.0 percent reaching 96;785 publications in 1990 (Exhibit II.59). At the three percent faculty growth rate selected research productivity will increase by 35.5 percent to 39,995 publications. If steady-state conditions apply with zero growth of faculty and replacement of retirees and other losses to the faculty only (Exhibit II.60), all publications will decline 5.8 percent from the 1978 level to 66,549 and selected research productivity will decrease 8.1 percent to 27,132 research publications by 1990.

In the three examples given above, the magnitude of change (eithe growth or decrease) varies among physician specialty groups. For example, in the zero faculty growth state with a 8.1 percent overall decrease in selected research publications, comparable publications by the medical specialties will decrease only 3.3 percent due chiefly to the characteristics of the productivity profile for that specialty group. Comparable values for the surgical specialties are an 18.9 percent decline in a qual output, and a 15.0 percent decrease in output by the physicians in basic sciences. It should be noted that there is a small variance in the annual rate of change

EXHIBIT II:58

PROJECTED PUBLICATION OUTPUT BY PHYSICIAN SPECIALTY GROUPS BASED ON SIX PERCENT ANNUAL FACULTY GROWTH

	<u>19</u>	80	<u>19</u>	985	19	90
All Publications	Number	Percent Change*	<u>Number</u>	Percent Change	Number	Percent Change
Medical Specialties	39,824	11.7	52,794	48.1	70,777	98.5
Surgical Specialties	14,610	10.4	18,929	43.0	25,028	89.0
Behavioral Specialty	4,666	11.7	6,189	48.2	8,280	98.3
Hospital-Based Specialties	15,146	11.1	19,724	44.7	26,157	91.9
Basic Sciences	4,388	10.5	5,759	45.1	7,719	•94.4
Total ,	78,635	11.3	103,399	46.3	137,961	95.2
,						
Select Research Publicat	ions			•	•	
Medical Specialties	19,576	11.6	25,838	47.2	34,560	96.9
Surgical Specialties	3,205	10.2	4,166	43.3	5 , 5 <u>3</u> 2	90.3
Behavioral Specialty	729	10.8	955	45.1	1,292	96 - 2
Hospital-Based Specialties	6,902	10.8	8,982	44.2	11,930	91.5
Basic Sciences	2,414	10.5	3,173	45.3	4,256	94.9
Total	32,826	11.2	43,114	46.0	57,570	95.0



^{*} Change from 1978 base year.

EXHIBIT II.59

PROJECTED PUBLICATION OUTPUT BY PHYSICIAN SPECIALTY GROUPS BASED ON THREE PERCENT ANNUAL FACULTY GROWTH

	<u>19</u>	80	· <u>1</u>	<u>985</u>	<u>19</u>	990
All Publications	Number	Percent Change *	Number	Percent Change	Number	Percent Change
Medical Specialties	37,977	6.5	43,606	22.3	50,453	41.5
"Surgical Specialties	13,900	5.0	451ء 15ء	16.7	17,194	29.9
Behavioral Specialty	4,440	6.3	5,078	21.6	5,843	39.9
Hospital-Based Specialties	14,381	5.5	16,067	17.9	18,096	32.8
Basic Sciences	4,133	4.1	4,572	15.2	5,199	31.0
<u>Total</u>	74,831	5.9	84,774	20.0	96,785	37.0
Select Research Publica	tions			·		
Medical Specialties	18,650	6.3	21,239	21.0	24,414	39 <i>.</i> 1
Surgical Specialties	3,017	3.8	3,313	14,0	3,694	27.1
Behavioral Specialty	690	4.9	765	16.2	876	33.1
Hospital-Based Specialties	6,532	4.9	7,245	15.3	8,147	30.8
Basic Sciences	2,271	4.0	2,515	15.1	2,864	31.1
Total	31,162	5.5	35,077	18.8	39,995	35.5

^{*} Change from 1978 base year.



EXHIBIT II.60

PROJECTED PUBLICATION OUTPUT BY PHYSICIAN SPECIALTY GROUPS BASED ON ZERO PERCENT ANNUAL FACULTY GROWTH

•		•				
		980 Percent	,	.985 Percent		990 Percent
All Publications	Number	Change*	Number	<u>Change</u>	Number	<u>Change</u>
Medical Specialties "	36,181	1.5	35,810	5	35,522	4
Surgical Specialties	13,210	2	12,502	-5.6	11,415	-13.8
Behavioral Specialty	4,221	1.1	4,136	-1.0	4,056	-2.9
Hospital-Based Specialties	13,636	.1	12,975	-4.8	12,185	-10.6
Basic Sciences	3,885	-2.1	3,570	-10.1	3,371	-15.1
<u>Total</u>	71,133	.7	68,993	-2.4	66,549	-5.8
•				•	•	
			•	•		
Select Research Publicati	ions				•	•
Medical Specialties ~	17,750	1.1	17,339	-1.2	16,964	-3.3
Surgical Specialties	2,835	-2.5	2,595	-10.8	2,357	-18.9
Behavioral Specialty	653	9	603	-8.3	573	-13.0
Hospital-Based Specialties	6,172	9 9	5,779	-7.2 _R	5,383	-13.6
Basic Sciences	2,133	-2.3	1,959	-1.0.3	1,855	-15.0
<u>Total</u>	29,543	.1	28,275	-4.2	27·,132	··· -8.1

^{*} Change from 1978 base year.

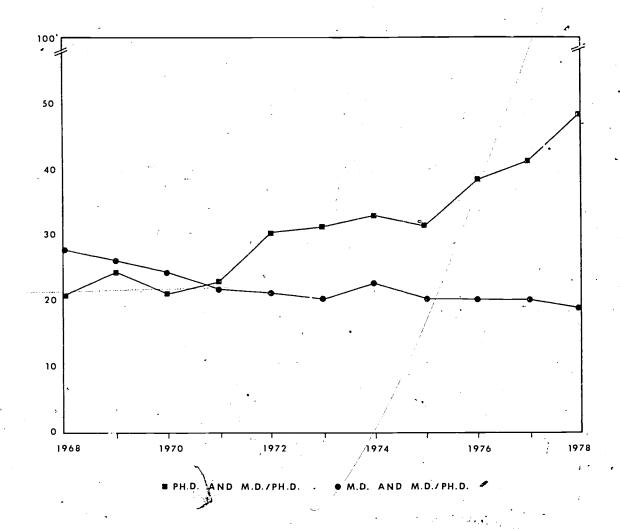
of publication output due to the combination of aging of the faculty and differences in productivity profiles among specialties. For details of the latter changes Appendix II.6 should be consulted.

In the previous three examples with growth rates of six, three and zero percent, we implicity assumed that all new physicians recruited to the faculty will have the same amount of research training (and, presumably, research productivity) as those physicians currently on medical school faculties. It may be instructive to modify the present model, and adjust it to account for the diminished levels of research training received by new young faculty. Of present faculty, 87.3 percent received their MD degrees between 1944 and 1972 and 32.25 percent had identifiable research training before becoming faculty members (Exhibits II.1 and II.6). However, since 1974 there has been a sharp decline in the number of physicians seeking research training.* Data have been developed very recently at the AAMC about new faculty hires in the period 1968 to 1978, the latest faculty cohort reported in the present study. Dr. H. Paul Jolly and his colleagues have shown (Exhibit II.61) that only 20:15 percent of the MD and MD-PhD faculty hires in the years 1975-1978 have had any identifiable research training. Therefore, we may assume that 12.1 percent (32.25 minus 20.15) fewer faculty prepared for research careers will be hired in the near future. To maintain zero faculty growth, about 5.13 percent of MD faculty must be replaced annually (the average deactivation rate over the four years, 1975, to 1978). The very recent decrease in research career preparation for physicians means that even with no faculty growth, a condition likely to prevail in the near future at many medical schools, there is likely to be a 0.62 percent decrease in faculty research

Wyngaarden, J.G. <u>The Clinical Investigator as an Endangered Species</u>. New England Journal of Medicine, 301: 1254-59 (1979)

EXHIBIT II.61

PERCENT DISTRIBUTION OF FULL-TIME NEW HIRES WITH RESEARCH TRAINING *



Source: Jolly, H.P., Higgins, E.J., Goodson, M.P., <u>Trends In Medical School Faculty Characteristics New Faculty And Continuing Faculty 1968-1978</u>, AAMC, Washington, D.C., 1980, p 56.

productivity. Exhibit II.62 displays the effect of these assumptions on faculty research productivity at zero growth or steady-state. In this example, by 1990 all publications by physician faculty will decrease 13.1 percent from 70,661 to 61,402 annually and "select research" publications will decrease 15.5 percent from 29,528 to 24,947. The decline in research output by physicians will be especially severe in the basic sciences with a decrease of 22.8 percent and in the surgical specialties where total output will decline 21.3 percent and "select research" output will decline 26.7 percent.

J. Comparison of AAMC Model with NRC "Demand" Model

In its 1978 report, the Committee on a Study of National Needs for Biomedical and Behavioral Personnel at the National Research Council (NRC) published estimates of the numbers of new clinical faculty that will be needed annually to maintain a gradually increasing ratio of clinical faculty to medical students. The NRC "demand" model further incorporated varying estimates of growth in numbers of medical students and changes in Research and Development (R&D) expenditures and medical service income. The model assumed that 1.3 percent of clinical faculty would be replaced annually due to death and retirement.

The model presented in this chapter differs from the NRC model in several significant ways. The AAMC model makes no assumption about faculty/student ratios. R&D expenditure or medical practice income. The AAMC model projects faculty replacements based on observed age-dependent rates of loss and hiring



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^{* 5.13} percent faculty replacement rate times 12.1 percent less research training.

EXHIBIT II.62

PROJECTED PUBLICATION OUTPUT BY PHYSICIAN SPECIALTY GROUPS BASED ON 0.7 PERCENT ANNUAL FACULTY DECREASE

•		\					
	•	980 Percent		985 Percen		1990 Perce	
All Publications	Number	Change *	<u>Number</u>	Change	Number	Chang	e -
Medical Specialties	35 ₉ 816	.5	34;356	-3.6	• 32,980	-7.5	•4
Surgical Specialties	13,070	-1.3	11,951	-9.7	10,428	-21.2	
Behavioral Specialty	4,176	0.0	3,961	-5.2	3,752	-10.2	
Hospital-Based Specialties	13,485	-1.1	12,399	-9.0	_. 11 , 179	€ -18.0	
Basic Sciences	3,835	-3.4	3,384	-14.7	3,063	-22.8	
<u>Total</u>	79,382	4	66,051	-6.5	61,402	-13.1	
				÷	6		
Select Research Publicat	ion <u>s</u>		• •	-		~	
Medical Specialties	17,567	.1	16,612	-5.3	15,696	-10.6	
Surgical Specialties	2,798	-3.8	2,461 [.]	-15.3	2,130	-26.7	
Behavioral Specialty	645	-2.0	[/] 573	-12.9	521	-20.8	
Hospital-Based Specialties	6,099	-2.1	5,506	-11.6	4,914	-21.1	
Basic Sciences	2,105	-3.6	1,856	-15.0	1,685	-22.8	
Total	29 ,⁄ 214	-1.1'	27,008	-8.5	24,947	-15.5	į

^{*} Change from 1978 base year.



and varying assumptions of overall rates of growth. The AAMC model estimates numbers of MD faculty in all departments (including basic sciences) but excludes faculty with "clinical" appointments and ranks below "assistant professor" (i.e., instructors). While it is not a specific parameter of the AAMC model, the rate of annual loss from the faculty due to death, retirement and all other reasons (e.g., leaving academic medicine for private practice) was about 5.13 percent. Finally, the AAMC model assessed the anticipated effects on research output based on observed specialty-and age-dependent rates of faculty productivity.

Given these very different asssumptions and definitions, it is not surprising that the resulting estimates of the two models would appear to differ. At an assumed three percent annual growth in numbers of medical students and seven percent annual expansion in funds available for research (values in the middle of the two ranges), the NRC model projects that in 1983 there would be 38,121 clinical faculty, a growth rate of 4.2 percent annually, an increment of 1,360 positions per year, replacement of 434 faculty losses due to death and returement, thus a need for 1,794 new members of the clinical faculties annually. At an assumed three percent annual growth in MD faculty, the AAMC model projects. that in 1983, 1,478 new MD faculty will be needed for replacement and 805 will be needed for growth resulting in 2,283 new MD faculty members among a total of 27,630 at year's end. The year-to-year projections by the AAMC model are presented in Exhibit II.63. The AAMC estimates show a greater need for new faculty than does the NRC model, though the total number of physicians is smaller in the AAMC model. This would be true even if the AAMC estimates were increased by 15 percent to account for instructors, who are otherwise omitted. The remaining difference may be due to faculty with clinical appointments that are excluded from AAMC counts because they are less likely to be active research investigators.

EXHIBIT II.63

PROJECTED ANNUAL NEED FOR MD FACULTY* FOR THE YEARS 1978 THROUGH 1990 ASSUMING ZERO PERCENT, THREE PERCENT, AND SIX PERCENT GROWTH IN FACULTY.

, Calendar Year	1978	1979	1980	1981	1982	1983	1984	1985،	1986	1987	1988	1989	1990	
Zero Percent rowth			•										J	
Number of Faculty in January	23140	23140	23140	23140°	23140	23140	23140	23140	23140	23140	23140	23140,	23140	
Number Needed for Replacement Number Needed for Growth	1303 0′~	1273 , 0	1247 0	1236 0	1230 0	1229 0	1248 0	1254 0	1266 0	1273 0	1276 0	1284 0	å 1293 0	
Total Need	1303	1273	1247	1236	1230	1229	1248	1254	1266	1273	. 1276	1284	1293	
· · · · · · · · · · · · · · · · · · ·														
Three Percent Growth											•	•		
Number of Faculty in January	23140	23834	24549	25286	26044	26826	27630	28459	.29313	30192	31098	32031	32992	
Number Needed for Replacement Number Needed for Growth	1303 694	1324 715	1348 736	. 1387 . 759	. 1430 781	1478 805	1545 829	1600 854	1660 879	1716 906	1768 • 933	1826 961	1887 990	
Total Need	1997	2039	2085	2146	2212	2283	2374	2454	2539	2632	2701	2787	2876	
Six Percent Growth				•	1,									
Number of Faculty in January	23140	24528	26000	27560	29214	30967	32825	34794	36882	39095	41440	43927	. 46562	
Number Norded Con Donlandson	1303	1375	1453	1548	1650	1760	1892	2016	2149	2283		2566	2721	
Number Needed for Replacement Number Needed.for Growth	1388	1472	1560	1654	1753	1858	1969	2088	2213	2346	2486	2636	2794	

Faculty counts include full-time and volunteer MD faculty having regular appointments in ranks of assistant, associate and full professor. Clinical appointments and instructor ranks were excluded.



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The AAMC model also shows the effects of faculty growth and aging on research output by the total faculty and by several groups of specialties. Given age-specific rates of productivity in the several specialty groups, the AAMC model anticipates an annual increase of 2.6 percent in research output, as measured by research publications, if the MD faculty grows at three percent through 1983 (Appendix II.6.2)

Both the NRC and AAMC models have their merits. Their differences are principally in their definitions and assumptions. It may be useful to combine the two methods for improved prognostications.

APPENDICES

II.1 - II.6.4



APPENDIX II.!

610 QUESTIONNAIRES RETURNED THAT ARE USEABLE 546 RESUMES RECEIVED 89.0 PERCENT OF RESPONDENTS ENCLOSED RESUMES

NUMBER OF RESPONDENTS IN EACH CELL: 19 2.5 29 28 30 26 22 23 26 23 -Rơw and column 25 23 21 26 . 27 designations 22 24 29 22 22 correspond to 23 24 .26 , 22 23 those shown in Exhibit II.3 IN EACH CELL: NUMBER OF RESUMES 18 20 25 27 28 22 20 22 20 22 21 21 2.5 21 17 20 17 29 21 19 20 22 21 26 22 NUMBER OF SUCCESSFUL MAILINGS IN EACH CELL 36 38 41 40 40 39 39 39 37 39 40 39 38 40 39 40 40 40 40 39 41 40 39 40 40 CELL RESPONSE RATE: 69.44 70.73 50.00 75.00 70.00 6 66.67 56.41 58.97 70.27 58.97 62.50 58.97 55.26 65.00 -69.2372.50 55.00 60.00 55.00 56.41 56.10 60.00 66.67 55.00 57.50 RESUME RATE: 80.00 94.74 86.21 100.00 90.00 86.96 84.62 95.65 90.91 84.62 84.00 91.30 80.95 96.15 77.78 90.91 70.83 100.00 95.45 86.36

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91.30

Assessment of Response Bias in Survey of Academic Physicians and Comparison of Several Measures of Faculty Research Involvement

A research productivity study being conducted by the AAMC for the National Academy of Sciences includes an analysis of the curriculum vitae (CVs) of academic physicians drawn from the Faculty Roster System (FRS). 1 To test for a possible bias between returned and non-returned requests, a proxy of known research involvement is needed for each member of the entire sample. The two proxies here under consideration are the Major Responsibility Code for research (from the Faculty Roster) and "RESIN," an index of RESearch Involvement calculated from Major Responsibilty Codes by the formula derived by William E. Rhode, Ph.D. 2 Before being used in an analysis of possible response bias, the validity of each measure is examined. This analysis was performed when 96 percent of the final returns were in.

DATA

There are five Major Responsibility Codes on each faculty member's FRS record. For each of five academic activities, teaching (T), practice (P), research (R), administration (A) and "other" (0) there is one coded level of involvement: "2" means it is the primary area of responsibility, "1" means at least 10% of time is spent in the activity, "0" means less than 10% of time is devoted to the activity. A copy of the FRS reporting forms are appended to this memorandum (Appendix A). The Major Responsibility Code (either 0, 1, or 2) for the research category is used here as one proxy for resarch involvement and is abbreviated "MJRCD." Rhode's index, "RESIN," is equal to MJRCD divided by the sum of all five Major Responsibility Codes. "RESIN" has nine possible values ranging from zero to 100.3

To test these two measures, we compared each with the total <u>hours</u> spent on research and the <u>percent</u> of total work-week hours spent on research as reported by the academic physicians in a questionnaire which accompanied the request for the CV. A copy of the questionnaire is shown as Exhibit II.2.

In addition to their research involvement, respondents and non-respondents are compared on age, rank, and whether they also hold a Ph.D degree:

³ The possible values are: 0, 16.67, 20.00, 25.00, 33.33, 40.00, 50.00, 66.67, 100.00



Forty full-time paid and volunteer MD faculty with regular (non-clinical) rank of Assistant-, Associate-, or Full Professor were sampled randomly from each of 25 stratification cells defined jointly by five classes of academic departments (medicine, surgery, psychiatry, hospital-based specialty, and basic science) and five MD graduation eras (1944-52, 1953-57, 1958-62, 1963-67, and 1968-72).

Postdoctoral Awards and Medical School Faculty Research; Resources Analysis Memo No. 18; Division of Resources Analysis, Office of the Associate Director for Program Planning and Evaluation, NIH, July, 1977.

RESULTS

(1) Major Responsibility Code (MJRCD). The following table presents the means and standard deviations of self-reported time spent in research, both in hours and percent of work week (for 586 faculty who responded to our survey) with each of three possible FRS codes of research involvement:

<u>of</u>		"MJRCD" culty Roster Code search Responsibility	Number of Faculty	•	er-week spent research		of week research
				mean	<u>s.d.</u> .	mean	s.d.
0	:	none or less than 10%	141	10.1	11.5	18.6	22.2
1	:	more than 10%	401	21.8	16.5	38.3	28.8
.2	:	primary activity	. 44	37.5	15:6	67.3	26.5
am on	ong da	of overall difference three categories based ta from 586 survey res-		df = 2	60.3 2, & 583 .0001	y F = 59 df = 2 p < .0	

There is an imperfect correspondence between MJRCD and either survey-reported time or percent of time in research. The data do show higher mean research time corresponding with higher MJRCD codes. The mean differences are also statistically significant. There is, nevertheless, considerable overlap in the distribution of "hours" and "percent" as demonstrated in the SPSS scatterplot labelled Exhibit 1. The values within a range of one standard deviation from the mean are highlighted in a "box."

(2) Rhode's Research Involvement Index (RESIN).

RESIN was developed to provide a nearly-as-possible continuous measure of research involvement for the purpose of product-moment correlation and regression with other variables. The correlations of current interest are found to be:

CORRELATIONS WITH "RESIN"

)	Hours-per-week spent in research	Percent of Week
Based on data for 586 MD faculty from all departments	$r = .52^{f}$ $r^{2} = .27$	r = .53 r ² = .28

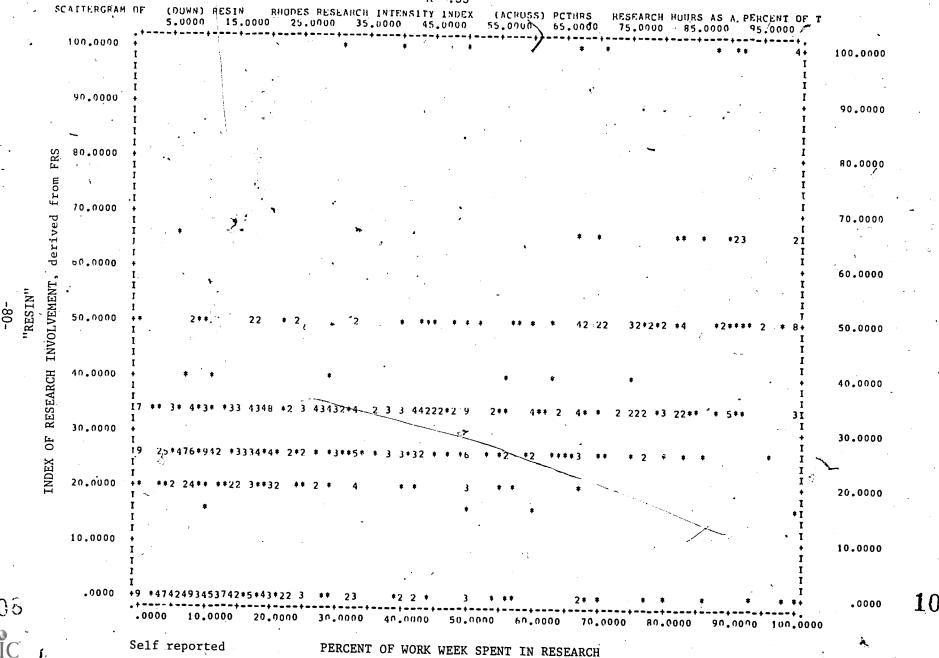
The square of r indicates the percentage of variation in each variable "explained" by RESIN. Clearly there is much residual variation to be explained. The correlation is better demonstrated by the SPSS scatterplot, Exhibit 2.

(DOWN) MCD2 MAJOR RESPONSIBILITY-RESEARCH . . . ACRUSS) PCTHPS RESEARCH HOURS AS A PERCENT OF T 5.0000 15.0000 25.0000 35.0000 45.0000 55.0000 75.0000 85.0000 95.0000 Exhibit 1 Distributions of "Percent of Work Week in Research" For Each of Three Possible "Major Responsibility Codes" for "Research" AAMC FACULTY ROSTER MAJOR RESPONSIBILITY One point plotted CODE FOR RESEARCH Five points plotted (or 2, or 3 . . .) at one locus Nine or more points plotted at one locus Mean plus one s.d., mean, and mean minus one s.d. Primary Responsibility 1.00 +9 +46659949532683996932446 7366429 + 3 6 6 6 6 7 23223 +9 +2322 +8 + 23 + 2 1 2 6 35 225 35 + * * + + 6 23 * 2 * 1.00 None or Less Than 10% .no +9 *4742493453742*5*43*22 3 ** 23 .0000 10.0000 20.0000 30.0000 40.0000 50.0000 60.0000 70.0000 80.0000 90.0000 100.0000 PERCENT OF WORK WEEK SPENT IN RESEARCH Self reported

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Exhibit 2

Correlation Between "RESIN" and "PERCENT OF HOURS" R = .53



As demonstrated in the next table, RESIN seems to be a better indicator of research involvement for MD faculty in basic science departments than for MD faculty in clinical departments. None of the correlations, however, is particularly strong.

CORRELATIONS WITH "RESIN":

OOMALE.			**************************************		
DEPARTMENTS	Hours-per	r-week spent esearch	Percent of week spent in researc		
	r	<u>r</u> 2	<u>r</u> .	r ²	
MEDICINE N = 125	₂ :45	/.21	.49	.24	
SURGERY N = 115	.33	.11	.39	.15	
PSYCHIATRY N = 117	.449	.19	.45	21	
HOSPITAL - BASED N = 112	.41	.17	.42)	.18	
BASIC SCIENCE N = 111	.56	.32	.53	.28	

Because of its derivation, RESIN can assume only nine different values. The following table presents the means of hours-per-week in research and percent-of-week in research reported by individuals having each of the nine possible values of RESIN:

	Number of Faculty	1ty Hours-per-week spent in research			Percent of week spent in research		
DECIM.		mean .	<u>s.d.</u>	mean	s.d.		
<u>RESIN</u> : 0.0	141	10.1	11.5	18.6	22.1		
16.7	4	26.0	15.4	55.0	37.0		
20.0	46	13.8	10.8	22.4	16.2		
25.0	133	16.7	14.4	28.1	23.5		
33.3	161	22.8	15.5	40.7	26.9		
્ડ39 40.0	6	. 27.5	20.2	40.0	28.4		
50.0	69	35.5	16.5	64.8	28.8		
66.7	14	45.0	13.8	81.5	23.7		
100.0	12	42.3	14.6	77.5	25.2		
ests of overa	ll differences tegories based 86 survey res-	. df =	1.1 8 & 577 0001	df =	35.6 8 & 577 .0001		

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Exhibit 3 is the same as Exhibit 2 but also shows the means and standard deviations of "percent-of-week" for each value of RESIN shared by ten or more faculty respondents. The relationship between RESIN and "percent-of-week" is fairly linear in the middle range. The curve at the low end may be due in part to the fact that our definition of hours-in-research includes all research activities, even those overlapping with patient care, teaching and administration. The FRS definition may be implicitly less inclusive. The reversal observed in the plot at the high end may be due to incomplete Faculty Roster record updating. As time passes, a faculty member may become less involved in research, but his FRS record may not be updated until he changes rank or institutions. Even at that time, this item may be overlooked resulting in faculty who are less involved in research than their FRS codes indicate,

When we examine the data for MDs in basic science departments only, the correspondence between RESIN and mean "percent-of-week or "hours-per-week" is monotonicly increasing, that is, the "curve" corresponding to that in Exhibit 2 (not shown) does not "turn back." This "better" relationship is also reflected in the higher correlation coefficients for basic science departments, presented above.

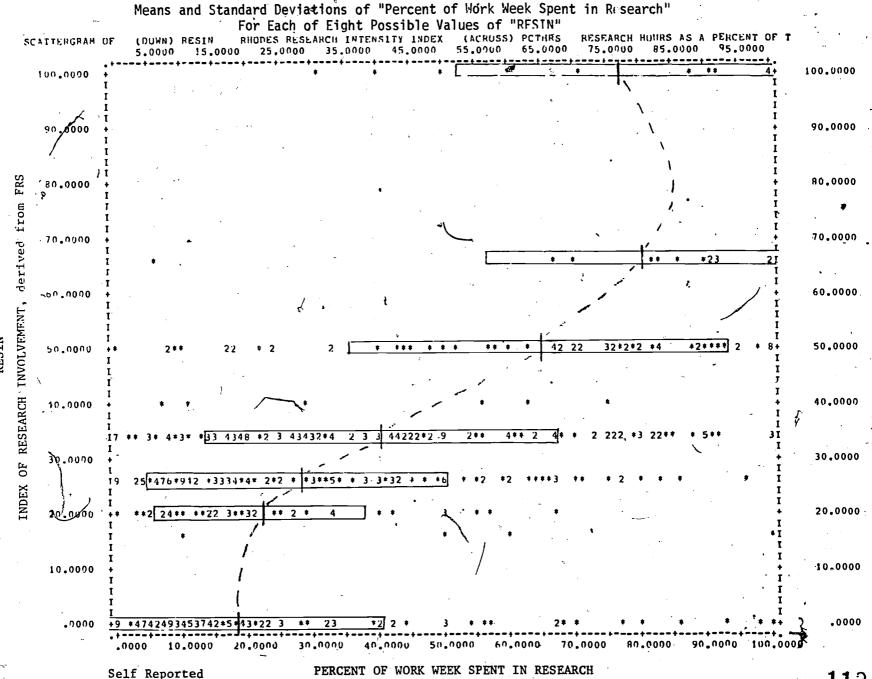
Clearly both, RESIN and MJRCD are less than perfect proxies for current level of research involvement. This should be kept in mind when we compare these variables for respondents and non-respondents.

(3) Respondents versus Non-respondents.

Questionnaires with requests for CVs were eventually mailed to 1041 people named by the Faculty Roster and selected by our sampling procedure. Of these, 57 were returned with an indication that the named physician was not a valid member of the defined survey population, e.g., was dead or no longer on the faculty. Of the remaining 984 physicians, 609 (61.6 percent) responded to our survey. Are the 609 respondents similar to the 375 faculty who did not respond with respect to their level of research effort and other characteristics that could affect or be influenced by their research productivity?

(a) MJRCD. The following table shows the numbers of respondents and non-respondents having each of the three FRS codes of research activity: (Numbers in parenthesis indicate row percentages.)

"MJRCP" Faculty Roster Code of Research Responsibility	Non- Respondents	Respondents	Row Total
0 : none or less than 10%	130	142	272
	(47.8%)	(52.2%)	(100.0%)
1 : more than 10%	212	401	613
	(34.6%)	(65.4%)	(100.0%)
2 : primary activity	12	44	56
	(21.4%)	(78.6%)	(100.0%)
Col. Total	354	587	941
	(37.6%)	(62.4)	(100.0%)



PERCENT OF WORK WEEK SPENT IN RESEARCH

Major Responsibility Codes were not available for the remaining 43 of the 984 sampled faculty. It appears that faculty with more research responsibility were <u>more</u> likely to respond to our survey. This observation is statistically significant (Chi-square = 20.7, with 2 degrees of freedom, p < .0001).

(b) <u>RESIN</u> - Respondents to our survey had a higher average value of the derived research involvement index than had non-respondents.

· · · · · · · · · · · · · · · · · · ·	,	9	<u>RESIN</u>		
	<u>n</u> .		mean	<u>s.d.</u>	
Respondents	587	٠	26.4	20.1	
Non-respondents	354		23.1	22.3	

The difference is statistically significant (F = 5.6, d.f. = 1 & 939, p <.02). It was also observed that this pattern of respondents having higher average RESIN values than non-respondents was generally true for clinical departments (17 out of 20 sampling cells) and the opposite was true for basic science departments in all five sampling "eras." For basic science departments, respondents had a lower average RESIN value than non-respondents.

- (c) Age. Our sample was stratified by year of graduation from medical school, so it is not surprising that the average age of respondents (46.1 years) is not statistically different from the average age of non-respondents (45.5 years). (F = 1.31, d.f. = 1 & 982, p < .28).
- (d) <u>Academic Rank</u>. Faculty from the higher academic ranks were more likely to respond to our survey, as is shown in the following table:

Academic	Non-	Respondents	Row
<u>Rank</u>	<u>Respondents</u>		Total
Full Professor	109	252	361
	(30.2%)	(69.8%)	(100.0%)
Associate Professor	103	171	274
✓	(37.6%)	(62.4%)	(100.0%)
Assistant Professor	163	186	349
	(46.7%)	(53.3%)	(100.0%)
Col. Totals	375	609	984
	(38.1%)	(61 . 9%)	(100.0%)

This pattern is statistically significant. (Chi-square = 20.6, d.f. = 2, p < 0.001).

(e) MD-Ph.D Faculty with a research doctorate (Ph.D.) in addition to an M.D. degree were <u>not</u> more likely or less likely to respond to our survey of research activity. The following table summarizes our findings:



	Non- respondents	Respondents	Row Total
MD only	320	530	850
	(37.6%)	(62.4%)	(100.0%)
MD - PhDs	55	75	134
	.(41.0%)	(59.0%)	(13.6%)

(Chi-square = .43 with 1 degree of freedom, p = .51).

DISCUSSION

The comparison of respondents with non-respondents suggests that faculty who are relatively more involved in research and who have achieved higher academic ranks (possibly as a result of their research) were more likely to respond to our survey than were faculty with less research activity and lower academic rank. Respondents were not older, on the average, than non-respondents, so differences in rank are not likely to be attributable to differences in age. The difference in rank is probably one of achievement.

Basic science MD faculty are generally involved in research to a greater extent than are MD clinical science faculty. The difference between respondents and non-respondents in research activity is not due, however, to over-representation of basic science faculty among respondents. The response rate for basic science faculty was 58 percent, compared with 61 percent over all departments.

The apparent tendency for clinical faculty with greater research responsibility to respond at higher rates was not observed for MD faculty in basic science departments. We do not know how to explain this finding. It may be an artifact of the limitations inherent in the response categories of FRS-based variables.

CONCLUSION

Two variables, Major Responsibility Code for research (from the FRS) and Rhode's derived index of research involvement (computed from the Major Responsibility Code), indicate a possible bias in our survey (people with higher levels of research activity are probably over-represented in our survey). Although the differences between mean values of time in research (survey data) were found to be significantly different for groups of faculty having different Major Responsibility Codes and RESIN values (Faculty Roster data), neither FRS-based variable was found to be highly correlated with an individual faculty member's level of research activity as independently measured by self-reported levels of effort. For this study, therefore, neither variable is sufficiently precise to be used to develop numerical weights to balance our responding sample with the whole sample or with the population of medical school faculty.

We should expect our survey results, therefore, to over-estimate the research activity and productivity of MDs on medical school faculties to an unknown, but probably limited, extent. We judge th extent of overestimation to be minimal because the difference between respondents' and non-respondents' RESIN values, while real (statistically significant), was $\frac{\text{small}}{\text{report}}$ (26.4 versus 23.1 on a scale of 100). We will acknowledge this in our report.

The purpose of our study is to project the expected rate of change in future research output from career profiles and changing age distributions.

While our estimated career profiles may be elevated above levels for a "typical" medical faculty MD, the added numbers of research-involved faculty may actually increase the sensitivity of our measure of change in research output.

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*Enter "P" if one activity was a primary responsibility for the medical school; check (X) other areas goly if performed et less 10% of the time for the medical school.

** Indicate closest equivaters academic rank from following list:

1. Professor 3. Asst. Professor 8. Other

2. Assoc. Professor 4. Instructor 0. None/Not Applicable

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D. EDUCATION AND TRAINING (

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05Private Practice of Medicine 24Foreign Educat	tional Institution 39 Other (Specify)
06U.S. Hospital (Non-Federal) 25 Other Profession	
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08 _ U.S. Active Military Service	, 40 Retired
09 U.S. Gov't DOD & Military Hosps. 26 Resigned, Other	er Reason 41 Deceased
10 U.S. Gov't PHS (Incl. Hosps., NIH & NIMH) (Specify)	42 Contract expired or not renewed,
11 U.S. Gov't Veterans Admin. (Incl. Hosps.)	43 Person not known at this School
12 U.S. Gov't Other	
13 — Private Business or Industry	
14 Foundation, Research Institute, Association	
(or other non-profit organization)	
15 Foreign Employment	
17 Faculty of another U.S. Medical School (Specify)	
16 Other Employment (Specify)	
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6 SEX: M □ F □	7 VOL: Voluntary (Not salaried by either the medical school or the affiliated institution)
7 ETHNIC GROUP:	125
8 BIRTHDATE:	(name of affiliated institution)
9 BIRTHPLACE:	14- BEGINNING OF CURRENT CONTINUOUS SALARIED
10 CURRENT CITIZENSHIP:	FACULTY APPOINTMENT AT THIS SCHOOL OR ONE OF ITS AFFILIATED INSTITUTIONS:/
10a VISA STATUS: TEMP.□ PERM.□	15 TENURE STATUS:
PRIMARY MEDICAL SCHOOL DEPARTMENT:	1Tenured
11a	2On Tenure Track (eligible for tenure)
11b CHAIRPERSON THIS UNIT? TYES TO NO	3Not on Tenure Track
11c RANK (in Primary Department): (Enter exact wording of academic rank)	
11d EQUIVALENT RANK: (Enter exact wording of academic fam.)	16 MAJOR AREAS OF RESPONSIBILITY FOR THE
1 Professor 4 Instructor	MEDICAL SCHOOL:
2Associate Professor 8Other	If a Primary responsibility Teaching/Instruction
3 Assistant Professor 0 None/Not Applicable	for the medical school exists, enter "P" in the appropriate Research
11e EFFECTIVE DATE OF RANK CHANGE:	box Check (X) other applie Patient Care (Patient Education)
JOINT MEDICAL SCHOOL DEPARTMENT:	coble areas only if they are performed at least 10% of Administration
12a	the time for the medical Other Professional Activities
126 CHAIRPERSON THIS UNIT? YES NO	school.
AD- DANK (in loint Department):	17 YEAR OF FIRST SALARIED FACULTY APPOINTMENT
12d EQUIVALENT RANK: (Enter exact wording of academic rank	AT A U.S. MEDICAL SCHOOL:
1Professor 4Instructor	18 ACTIVITY PRIOR TO FIRST U.S. MEDICAL SCHOOL SALARIES
2Associate Professor 8Other	ACADEMIC FACULTY EMPLOYMENT:
3Assistant Professor CNone/Not Applicable -89-	ACADEMIC FACOLT EMILEOTHERS -

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NUMBER	FR TO	EMPLOYER (c)	FACULTY (d) Res	ajor Areas of ponsibility (e) TRPAO	DEPARTMENT	(n)	Nature of Employment (g)	Highest Equivalent Rank (h)
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	THE U.S.A.: Delete Line:	· · · · · · · · · · · · · · · · · · ·			() .		Year (b)	
LINE NUMBER	RESIDENCY PROGR	AAM (a)	HOSPITAL (b)	YEAR (c)	Board Eligible	(d)	•
						☐ Yes ☐ N	<u>-</u>	CHOOL RANKHISTORY
MEOICAL SPECIA		AND U.S. BOARD CERTIFI	•	Year of	Ach	r. First ieved (a)	(Salarie INSTITU	d Appts, Only)
First Specialty:	39	SPECIALTY (a)	U.S. Board Certified?(I	b) Certification (c	60 Professor 61 Assoc. Prof.			
Second Specialty: Third Specialty:	40				62 Asst. Prof.	<u> </u>		
	OWSHIPS FOR RESEARCH	OR CLINICAL: Delete Li	ine(s): 43 44 1	45 🗆	63 Instructor 64 Other			
LINE NUMBER	RESEARCH OR CLINICAL TRAUNING (a)	ins	TITUTION OF TRAINI	NG (b)	SPECIALTY/OISCIPL	INE (c)	SOURCE (d)	FROM (e) `TO (f)
	PH.O. RESEARCH TRAINI	- De	elete Line(s): 48	49 🖸 🔭 50 🗖	51 □ 52 □		,	· · ·
LINE NUMBER	PRE OR POST_(a)	INSTITUTI	ION OF TRAINING (b)		OISCIPLINE (c)	1	SOURCE (d)	FROM (a) TO (f)
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Appendix II.3.1 , PERCENT OF FIRST YEAR ON FAGULTY SPENT ON RESEARCH

YEAR OF HD

	1944-1952	1953-1957	1958-1962	1963-1967	1968-1972	
MEDICAL	(24) 39.08	(19) 55.00	(28) 59.96	(27) 44.22	(30) 43-10	48.19
SURGICAL	(22) 37.36	(22) 36.09	(23) 26.70	(23) 26.17	(23) 28.13	30.84
BEHAVIORAL	(22) 21.27	(23) 26.43	(20) 36.80	(26) 25.31	(?7) 23.30	26.65
HOSPITAL-BASED	(20) 21.00.	(24) 29.13	(29) 39.38	(22) 27.50	(30) 55.00	27.93
BASIC SCIENTE	(23) 60.22	(23) 61.96	(26) 72.88	(22) 65.14	(20) 62.40	64.37
•	·		<u>_</u> .	•		
•	35 • 22	44.38	47.69	36.58	35.31	•

(MARGINAL SUMS WEIGHTED BY POPULATION STATE)

Appendix II.3.2
PERCENT OF FIFTH YEAR ON FACULTY SPENT ON RESEARCH
YEAR OF MD

2 July 2	•		12 44 01 112				
	1944-1952	1953-1957	1958-1962	1963-1967	1968-1972		
MEDICAL	(£1) 42.05	(18) 46.56	(26) 51.19	(26) 37-12	(11) 37.73*		42,46
SURGICAL	(20) 34.50	(21) 31.19	(19) 17.26	(19) 29.58	(8) 16.50		25.71
BEHAVIORAL	(21) 30.33	(21) 20.76	(16) 44.88	(23) 30.04	(10) 47.95	1	35.01
HCSPITAL-BASED	(18) 22.44	(22) 32.00	(29) 35.00	(18) 32.11	(12) 37.33	S.	31.87
BASIC SCIENCE	(21) 60.48 ((24) 62.29	(25) 60%80	(21) 68-81	(11) 54 _€ 36	- 	61.52
,	36.94	3 9. 42	40.84	35.29	35.12	:	

(MARGINAL TUMS WEIGHTED BY POPULATION SIZE)

Appendix II.3.3
PERCENT OF TENTH YEAR ON FACULTY SPENT IN RESEARCH

•		•	YEAR OF MD		e	•
	1944-1952	1953-1957	1958-1962	1963-1967	1968-1972	
MEDICAL	(17) 41.18	(17) 39.29	(22) 46.05	(9) 26.33	00.00	281.71
SURGICAL	(20) 26.70	(16) 24.39	(16) 14.31	.(0) •00	(0) •90	12.36
BEHAVIORAL 1	(17) 34.35	(20) 15.00	(12) 39.92	(7) 28.57	0) . 00	23.87
HOSPITAL-BASED	(16) 23.75	(18) 34.50	(27) 21.07	(7) 35.14	(1) 40.00 .ª	30.79
BASIC SCIENCE	(21) 55.33	(23) 57.50	(22) 60.00	(13) 65,00	(1) 50.00	57.06
	34.98	34. 56	34.56	24.28	9 • 55	

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)

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Appendix II:3.4 PERCENT OF FIFTHTEENTH YEAR ON FACULTY SPENT ON RESEARCH

	•		YEAR OF MD			<u>, </u>	
	1944-1952	1953-1957	1958-1962	1963-1967	1968-197	5 .	
MEDICAL	(15) 32.20	(14) 42.29	(4) 42.53	(0) •00	(0) .0:	9 29.6	3 0
SURGICAL	(17) 16.88	(16) 19.13	(0) .00	(0) •00	(0) .0	0 6.5	5 1
BEHAVIORAL	(15) 27.60	(14) 20.14	(5) 42.40	(0) .00	(0)	0 17.7	70 .
HOSPITAL - PASEC	(13) 23.85	(15) 27.07	(13) 24.08	(8) .00	(0) .0	9 14.5	5.0
BASIC SCIENCE	(20) 51.25	(19) 50.00	(11) 58.45	(3) 50.00	(0) .0	9 46+3	58
	28.59	33.19	30.77	1.98	• 0 ¹	0	

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)

Appendix II.3.5 TOTAL WORK WEEK IN HOURS

	•		YEAR OF MD			
g of the second	1944-1952	1953-1957	1958-1962	1963-1967	1968-1972	•
MEDICAL	(25) 58.40	(19) 59.84	(29) 56.41	(28) 57.79	(30) 58.57	58-13
SURGICAL	(26) 65.50	(22) 60.41	(23) 63.30	(26) 59.92	(23) 63.61	62.47
BEHAV IOPAL .	(25) 56.08	(23) 51.35	(21) 57.81	(26) 56.15	(27) 53.93	55 . 19
HOSPITAL-3 ASER	(22) 55.50	(24) 50.92	(29) 55.38	(22) 58.14	(22) 57.23	55.59
BASIC SCIENCE	(23) 53.30	(24) 55.17	(26) 55.92	(22) 57.05	(23) 55.39	55.09
	58 • 54	57.10	57.70	58.15	58.74	

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)

Appendix II.3.6 PERCENT OF FACULTY REPORTING THAT THEY WERE "ON SERVICE" DURING WEEK OF SURVEY

			YEAR OF MD			
	1944-1952	1953-1957	1958-1962	1963-1967	1968-1972	•.
MEDICAL	(24) 41.67	(16) 18.75	(28) 32.14	(27) 37.04	(28) 32.14	32.61
SURGICAL	(24) 87.50	(21) 57.14	(22) 54.55	(19) 68.42	(22) 45.45	62.80
BEHAVIORAL	(21) 38.10	(21) 52.38	(17) 35.29	(25) 52.00	(22) 59.09	47.27
HCSPITAL-345ED	(18) 38.89	(19) 42.11	(25) 56.00	(17) 52.94	(17) 47-06	47.77
BASIC SCIENCE	(18) 5.56	(21) 4.76	(25) 8.00	(22) .00	(22) 22.73	7.05
	46.71	33.10	40.63	46.36	39.27	

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)

٧r	٨R	OF	v٥

	1944-1952	1953-1957	1958-1962	1963-1967	1968-1972		
MEDICAL	(24) 19.88	(16) 16.56	(29) 15.21	(28) 18.14	(29) 18.66	17.69	
SURGICAL	(26) 36.54	(18) 32.17	(21) 39.10	(20) 36.70	(21) 28.76	34.92	
BEHAVIORAL	(29) 26.45	(16) 28.13	(19) 18-79	(24) 24.79	(22) 36.59	27.3,1	
HOSPITAL-54SED	(17) 22.88	(15) 16.17	(25) 27.16	(18) 24.94	(16) 32.06	24.92	
BASIC SCIENCE	(20) 1.30	(20) 5.50	(25) 3.32	(21) 3.19	(20) 8.65	3.75	
			_				
•	22 • 76	19.81	22 • 24	23 • 4 0	24.20		

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)

Appendix II.3.8 TOTAL HOURS PER WEEK SPENT IN RESEARCH

	TOTAL HOURS FER HEER OF EACH THE								
	<i>A</i> ,	• • •	YEAR OF MO	1		•			
	1944-1952	1953-1957	1958-1962	1963-1967	1968-1972	•			
MEDICAL	(25) 15.52	(19) 25.47	(29) 25.07	(28) 20.86	(30) 24.70	22.51			
SURGICAL	(26) 10.23	(22) 12.14	(22) 11.77	(26) 14.65	(23) 18.13	13-41			
BEHAV IOPAL	(25) 10.12	(23) 9.17	(21) 23.43	(26) 20.62	(27) 18.67	16.57			
HOSPITAL-9 ASED	- (22) 13.95	(24) 12.42	(29) 14.97	(22) 20.77	(22) 18.82	16.35			
BASIC SCIENCE	(23) 28.96	(24) 32.83	(26) 34.50	(22) 41.00	(23) 33.74	33.42			
•	14.88	19•26	20.62	20.33	22.13				

(MARGINAL SUMS WEIGHTED BY PEPULATION SIZE)

Appendix II.3.9 TOTAL HOURS PER WEEK SPENT IN TEACHING RELATED TO RESEARCH:

•.			YEAR OF 4D			
	1944-1952	1953-1957	1958-1962	1963-1967	1968-1972	• •
MEDICAL	(23) 3.57	(17) 4.71	(25) 3.80	(21) 3.62	(24) 5.88	4 • 3 5
SURGICAL	(16) 2.88	(17) 2.59	(17) 2.65	(21) 6.29	(17) 3.29	3.66
BEHAVIGRAL _	(21) 3.10	(20) 4.15	(15) 3.47	(19) 2.05	(17) 2:59	3.03
HCSPITAL-BASED	(18) 3.67	(19) 3.05	(20) 3.95	(16)′ 7.56	(18) 3.67	4.46
BASIC SCIENCE	(17) 9.18	(20) <u>5.95</u>	(23) 8.65	(18) 10.50	(20) 7.65	8.44
	3.93	3.97	3.86	5•11	4.78	•

(MARGINAL SUPS WEIGHTED BY POPULATION SIZE)

$\begin{array}{c} \text{Appendix II.3.10} \\ \text{TOTAL HOURS PER WEEK SPENT IN PATIENT CARE RELATED TO RESEARCH} \end{array}$

YE OF MD

	1994-1952	1953-1957	1959-1962	1963-1967	1968-1972	
MEDICAL	(22) 3.82	(17) 3.59	(25) 4.12	(21) 4.43	(25) 2.76	3.78
SURGICAL	(18) 4.61	(17) 4.35	(19) 3+61	(20) 6.80	(18) 3.33	4.63
BEHAVIOPAL	(20) 1.65	(20) 1.90	(15) 2.27	(19) 4.74	(19) 3.21	2.80
HOSPITAL -4 45ED	(17) 3.41	(19) 2.53	(19) 4.15	(15) 7.87	(19) ?•@9	4.27
BASIC SCIENCE	(16) .00	(18) 1.06	(22) 1.27	(14) .85	(21) 3.95	.98
	3 • 3 5	3.22	3.71	5.49	. 3.03	

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)

Appendix II.3.11 TOTAL HOURS PER WEEK SPENT IN TEACHING (NOT RESEARCH RELATED)

	YEAR OF, MD								
•	1944-1552	1953-1957	1958-1962	1963-1967	1968-1972	• • • •			
MADICAL	(25) 12.88	(18) 8.44	(29) 7.21	(28) 10.69	(73) 11.97	10.24			
SURGICAL	(26) 13.85	(22) 10.09	(23) 12.04	(25) 10.65	(23) 10.09	11.35			
BEHAVIORAL	(25) 7.60	(23) 10.00	(21) 9.90	(26) R.39	(27) 10-26	9.00			
HOSPITAL-DASED	(22) 12.86	(24) 9.83	(7,9) 9.17	(22) 11-13	(22) 11.91	11.00			
BASIC SCIENCE	(23) 8.22	(24) 6.71	(£6) 5.04	(21) 2.95	(23) 5.43	6.96			
	12•1°	c.07	8.63	10.30	11.23				

(MIRGINAL SUMS WEIGHTED BY POPULATION STREET

Appendix II.3.12 TOTAL HOURS PER WEEK SPENT IN PATIENT CARE (NOT RESEARCH RELATED)

		YEAR OF MD			•
1944-1952	1953-1957	1958-1962	1963-1967	1968-1972	
(25) 19.16	(18) 13.89	(29) 15:69	(28) 17.11	(39) 12.00	15.43
(26) 24.35	(22) 20.18	(23) 28.43	(26) 27.62	(23) 27.87	25.93
(25) 20:92	(23) 14.79	(21) 15,-29	(26) 14.77	(27) 16.67	16.70
(22) 18.86	(24) 14.63	(29), 18.14	(22) 18.41	(22) 21.82	18.47
(21) •81	(24) 3.17	(56) 5.81	(20) 2.90	(23) 7.91	2.89
	(25) 19.16 (26) 24.35 (25) 20.92 (27) 18.86	(25) 19.16 (18) 13.89 (26) 24.35 (22) 20.18 (25) 20.92 (23) 14.70 (27) 18.86 (24) 14.63	1944-1952 1953-1957 1958-1962 (25) 19.16 (18) 13.89 (29) 15.69 (26) 24.35 (22) 20.18 (23) 28.43 (25) 20.92 (23) 14.70 (21) 16.29 (27) 18.86 (24) 14.63 (29) 18.14	1944-1952 1953-1957 1958-1962 1963-1967 (25) 19.16 (18) 13.89 (29) 15.69 (28) 17.11 (26) 24.35 (22) 20.18 (23) 28.43 (26) 27.62 (25) 20.92 (23) 14.70 (21) 16.29 (26) 14.77 (27) 18.86 (24) 14.63 (29) 18.14 (22) 18.41	1944-1952 1953-1957 1958-1962 1963-1967 1968-1972 (25) 19.16 (18) 13.89 (29) 15.69 (28) 17.11 (39) 12.00 (26) 24.35 (22) 20.18 (23) 28.43 (26) 27.62 (23) 27.87 (25) 20.92 (23) 14.70 (21) 16.29 (26) 14.77 (27) 16.67 (27) 18.86 (24) 14.63 (29) 18.14 (22) 18.41 (22) 21.82

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)

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Appendix II.3.13 TOTAL HOURS PER WEEK SPENT IN ADMINISTRATION (NOT RESEARCH RELATED)

•			YEAR OF MD	•	: ,	
	1944-1952	1953-1957	1958-1962	1947-1967	1948-1972	
MEDICAL	(25) 10.84	(19) 13,21	(29) 8.45	(28) 9.14	(30) 10.00	10.16
SURGICAL	(26) 17.02	(22) 18.90	(23) 11.57	(25) 6.08	(23) 7.52	11.60
BEHAVIORAL	(25) 17.44	(23) 17.48	(21) 9.19	(26) 12.39	(27) 0.93	12.92
HOSPITAL-9ASED	(21) 10.47	(24) 14.04	(29) 13.10	(22) 7.77	(22) 4.68	9,91
BASIC SCIENCE	(22) 16.05	(24) 12.46	(26) 13.62	(21) 11.19	(23) 9.30	13.11
• :						
	13.08	14.64	10.44	8.55	R.36	

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)

Appendix II.3.14 RESEARCH AS A PERCENT OF TOTAL HOURS WORKED

		· · ·	YEAR OF MO		• .	\$ 1
	1944-1952	1953-1957	1959-1962	1963-1967	1968-1972	
MEDICAL	(25) 27.31	(19) 42.12	(29) 45.58	(2P) 36.°3	(30) 41.67	₹9.08
SURGICAL	(26) 15.51	(22) 20.43	(22) 18.96	(26) 25.59	(23) 28.31	- 21.95
BEHAVIORAL	(25) 17.06	(23) 17.71	(21) 40.77	(26) 35.66	(27) 32.67	29.23
HOSPITAL-BASED	(22) 24.54	(24) 24.43	(25) 28.23	(22) 36.17	(22) 30.01	28.92
BASIC SCIENCE	(23) 55+30 .	(24) 60.75	(26) 63.22	(22) 74.57	(25) 59.68	61.70
	;				-	
	26.10	33.36	37 • 0 R	35.81	36 • R4 ·	

(MARGINAL SUMS HEIGHTED BY POPULATION SIZE)

Appendix II.3.15 RESEARCH-RELATED TEACHING AS A PERCENT OF TOTAL HOURS WORKED

	1944-1952	1953-1957	1958-1962	1943-1967	1964-1972		7.39
MEDICAL	(23) 5.74	(17) 7.72	(25) 6.87	(21) 6.31	(24) - 9.86		
SURGICAL	(16) 4.55	(17) 4.03	(17) 3.81	(21) 11.19	(17) 5.50		6.05
BEHAV. IORAL	(21) 5.14	(20) 5.31	(15) 5.99	(19) 3.83	(17) 4.58	•	5.4A
HOSPITAL-BASED	(18) 6.79.	(19) 5.52	(20) 7.15	(16) 12.57	(18) 5.89		7.71
BASIC SCIENCE	(17) 17.42	(20) 10.78	(23) 15.54	(18) 20.07	(20) 12.06		15.45
	•	•			, -	:	•
	6.75	6.77	6 • 74	8.92	7.95		

(MARGINAL SUMS WEIGHTED BY POPULATION STZE)

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Appendix II.3.16 RESEARCH-RELATED PATIENT CARE AS A PERCENT OF TOTAL HOURS WORKED

					TEAM	טר אט					
	1944	-1952	1953	-1957	1958	3-1962	196	3-1967	1968	-1972	
MEDICAL	(55)	6.16	(17)	5.98	(25)	7 • 1.4	(21)	7.97	(25)	4.75	6.43
SURGICAL	(18)	7.12	(17)	6.R9	(18)	5 • 47	(20)	12.24	(19)	5.51	7.63
BEHAVIORAL	(20)	3.01 -	(20)	3.77-	(15)	3.77	(19)	10.17	(19)	5 • 86 d	5.41
HOSPITAL-HASED	(17)	5.91	(19)	4.25	(19)	7.21	(15)	14.86	(18)	4.61	7.57
BASIC SCIENCE	(16)	•00	(1,8)	1.81	(22)	2.55	(14)	1.58	(21)	4.71	1.75
	•	5 • 46		5.35		6.27		10.13	•	4.95	

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)

Appendix II.3.17 RESEARCH-RELATED TEACHING AS A PERCENT OF TOTAL RESEARCH HOURS

			YEAR OF MD	•		•
	1944-1952	1953-1957 	1958-1962	1963-1967	1968-1972	v
MEDICAL	(24) 31.60	(16) 15.52	(25) 17.41	(21) 16.16	(24) 21.5ª	20.07
SURGICAL	(16) 26.85	(18) 17.88	(18) 26.63	(22) 42.51	(17) 17.31	27.16
BEHAVIORAL	(20) 24.51	(20) 43.71	(16) 23.53	(20) 12.25	(15) 14.94	23.08
HOSPITAL-BASED	(18) 29.51	(21) 32.53	(21) 21.83	(16) 38.52	(19) 20.82	28.60
BASIC SCIENCE	(15) 37.85	(20) 20.94	(23) 25.40	(18) 25.77	(20) 18.69	27.54
	30.15	22.15	21.20	26.15	20.06	• •

(MARGINAL SUMS WEIGHTED BY PCPULATION STZE)

Appendix II.3.18 RESEARCH-RELATED PATIENT CARE AS A PERCENT OF TOTAL RESEARCH HOURS

6	,		YEAR OF MD			
	1944-1952	1953-1957	1958-1962	1963-1967	1968-1972	
MEDICAL	(23) 26.80	(16) 16.66	(25) 17.50	(21) 21.58	(25) 15.68	- 19.41
SURGICAL	(18) 39.75	(18) 26.16	(19) 41.05	(21) 38.89	(18) 20.65	33.91
BEHAVIORAL	(19) 24.15	(20) 29.79	(16) 13.33	(20) 31.26	(17) 23.10	24.20
HOSPITAL-3ASED	(17) 26.47	(21) 28.46	(20) 25.50	(15) 45.56	(18) 26.26	30.69
BASIC SCIENCE	(14) • OC	(18) 5.14	(22) 8.59	(14) 4.77	(21) 9.45	4.78
, ·				•		•

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)

Appendix II.3.19 PATIENT CARE AS A PERCENT OF TOTAL HOURS WORKED

			YEAR OF MD		•
•	1944-1952	1953-1957	1958-1962	1963-1967	1948-1972
, MEDICAL	(25) 32.21	(18) 22.65	/ (29) 27.25	(28) 29.79	(30) 21.28
SURGICAL	(26) 36.37	(22) 33.54	(23) 45.81	(26) 45.47	(23) 43.60
BEHAVIORAL	(25) 38.88	(23) 28.80	(21) 28.95	(26) 26.76	(27) 31.67
HOSPITAL-BASED	(22) 34.98	(24) 28.86	(29) 31.92	(22) 31.71	(22) 40.66
BASIC SCIENCE	(21) 2.06	(24) 5.51	(26) 4.99	(20) 4.65	(23) 15.63
,	31.44	25.48	30 • 88	32.21	29.74

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)

31.02 33.70 5.40

Appendix II.3.20 TEACHING AS A PERCENT OF TOTAL HOURS WORKED

	YEAR OF MD								
•	1944-1952	1953-1957	1958-1962	1963-1967	1968-1972				
MEDICAL	(25) 20.44	(18) 13:97	(29) 12-53	(28) 17.79	(30) 20.34	17.12			
SURGICAL .	(26) 21.18	(22) 16.47	(23) 18.78	(26) 17.49	(23) 16.24	18.06			
BEHAVIORAL	(25) 14.00	(23) 19.42	(21) 14.35	(26) 15.11	(27) 19.18	16.31			
HOSPITAL-BASED	(22) 23.49	(24) 19.36	(29) 16.61	(22) 19.11	(22) 21.73	20.01			
BASIC SCIENCE	(23) 15.23	(24) 12.17	- (26) 9.71	(21) 4.88	(23) 9.82	10.92			
	20.22	15.91	14.60	17•2 A	19.46				

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)

Appendix II.3.21 ADMINISTRATION AS A PERCENT OF TOTAL HOURS WORKED

	•		YEAR OF MO	* * * * * * * * * * * * * * * * * * *		4
	1944-1952	1953-1957	1958-1962	1963-1967	1968-1972	
MEDICAL	(25) 20.04	(19) 23.19	(29) 14-64	(28) 15.49	(30) 16.72	17.63
SURGICAL	(26) 26.54	(22) 29.56	(23) 17.2R	(25) 9.90	(23) 11.85	18=41
BEHAVIORAL .	(25) 30.06	(23) 34.07	(21) 15.93	(26) 22.47	(27) 16.49	23.45
HOSPITAL-BASED	(21) 18.18	(24) 27.35	(29) 23.25	(22) 13.00	(22) 7.60	17.61
BASIC SCIENCE	(22) 28.84	(24) 21.57	(26) 23.15	(21) 17.34	(23) 14.87	2,2 • 66
				•.		
	22.63	26.10	17.61	14.43	. 13.96	

(MARGINAL SUMS WEIGHTED BY POPULATION SIZE)



APPENDIX, II.4

SELECT RESEARCH JOURNALS

Journal Name	i	Number of Articles		Journal Name			Number of Articles	Level of <u>Journal</u>
ACT CRYST	•	. 0	4	BR J HAEM		an a	7	3
ACT CRYST A		0	4	BRAIN RES			. 77	4
ACT CRÝST B ACT CYTOL	· 6	: ŭ 35	4	CALCIF TISS Canc CH P1			10	3
AM HEART J	•	116	2	CANC CH P2			14	3 .
TAMA U MA		23	Ā	CANC CH P3			1	. 3
AM J CARD	•	193	2	CANC CHEMOT Cancer	•		11	3
AM J CLIN N Am J Clin P	•	35 51	3	CANCER RES			267 109	2
AM J DIG DI		35	2	CARBOHY RES			0	3 4
AM J DIS CH		. 92	2	CHEM COMM			. 0	•
AM J EPIDEM		34	2	CHILD DEV CHROMOSOMA	,	•	0	2
AM J HU.GEN Am J Hed	• • •	14 131	3	CIRCUL RES	•		1 124	4
AM J HED SC	•	42	2	CIRCULATION			. 304	9
AM J DBST G		234	2 :	CLIN CHEM			12	3
AM J DPHTH		P _k	2 "	CLIN CHIM A			10	3
AM J DRTHDD		. 0	2	CLIN EXP IF CLIN ORTHOP .			. 13	2
AM J P ANTH 🤿	-	61	:	CLIN PHARM		*	51 82	2 '
AM J PHYSL	4	298	4	CLIN SC MOL		•	. 6	3
AM J TROP P		12	2	CLIN SCI			14	3
AM J VET RE		14	3	COLD S HARB	•	•	8	4
AM R RESP D Am Zoolog		70	2	COMP BIOC A			1	1
ANALYT BIOC		, 6		COMP BIOC C .		, ev	. 1	
ANALYT CHEM	•	2	3	COMP BIOCH			12	4
ANAT REC	•	. 27	4	COMPUT BION			5	3
ANESTH ANAL	· ·	107	2	DEVELOP BIO Develop med	-		19	•
ANESTHESIOL Ann hum gen		349	2	DIABETES		. 1	17	2
ANN NY ACAD		107	•	EEG CL NEUR		,	40	3
ANN DTOL RH		. 33	2	ENDOCRINOL			86	3
ANN R BIOCH	•	1	•	EPILEPSIA			• 6	2
ANN.R MICRC ANN R PHYSL	et in the second	1 7	•	EUR J BIOCH Eur J Pharm			.2	• • · · · · · · · · · · · · · · · · · ·
ANN RHEUM D	•	.	;	EXP BRAIN R	•	,	31	3
APPL MICROE		12	Ā	EXP CELL RE			19	
ARCH BIOCH		36	4	EXP EYE RES			3	3
ARCH DERMAT	<u> </u>	17	2	EXP MOL PAT EXP NEURDL .	. •		16	3
ARCH ENV HE ARCH IN MED		1C 82	2	EXP PARASIT			47	1
ARCH NEUROL		53	2	EXPERIENTIA	•	•	19	,
ARCH DPHTH	·	67	2	FEBS LETTER		-	10	· •
ARCH, ORAL B	•	0	3 ,	FED PROC FERT STERIL			256	1 4
ARCH PATH ARTH RHEUN		42	2	GASTROENTY	3	٠.	32 97	2
B WHD		0	2 ,	GEN C ENDOC			2	<u> </u>
BEHAV RES M		6	Ā · ·	GENETICS			3	•
BIOC BICP A		115	•	HUMAN BIOL			0	3
910C BIOP R Bioch Pharm	·	41 60	•	IEZE BIOMED Immunochem		:	.0	3
BIOCHEM 3	*	45	3	IMMUNOLOGY		•	- 19 - 10	3
SIOCHEM GEN		4	•	INORG CHEM			8	, ·
BIOCHEM		19	•	INT J CANC			13	3
BIOCHEM MED		6 5	3	INV OPHTH INV OPHTH V			21	3
BIOL NEOMAT Biophys J	•	9 .	3	INV RADIOL			4 50	2
BIOPOLYMERS		Ó	•	INV UPOL	•		12	2 .
BL OOD		67	3	J ACOUST SC			. 0	3
* •			3 .					190

) Journal Name		Number of L Articles J	evel of lournal	Journal Name		· ·	Number of <u>Articles</u> .	Level of Journal
J AGR FOOD J ALLERG CL J ALLERGY J AM CHEM S J AM VET ME		2 26 21 20 12	3 2 2 4	J PHARM EXP J PHARM SCI J PHYS CHEM J PHYSL LON J POL SC PP			292 9 0 38 0	3 3 4 4 3
J ANIM SCI J APP PHYSL J BACT J BIOL CHEM J BIOMECHAN J CELL BIOL	•	3 54 • 18 181 2 58	3	J PROTOZOOL J PSYCH RES J REPR FERT J RETIC SOC J SPEECH HE J SURG RES		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5 19 6 12 0	4 2 3 3 2 2
J CELL PHYS J CHEM PHYS J CHEM S CHEM		0 0 0	4 4 4 3	J THEOR BIO J ULTRA RES J VIROLOGY LAB ANIM CA LAB ANIM SC LAB INV		·. ·	2 25 5 ,2 6 46	4 4 3 3 3
J CLIN END J CLIN INV J COM PHYSL J COMP NEUR J DAIRY SC-I J DENT RES		96 201 1 27	3 3 4 4 3 3	LANCET LIFE SCI LIFE SCI P1 LIFE SCI P2 LIPIDS MEDICINE		:	160 55 0 0 10	.2 4 4 4 2
J ENOOCR J EX AN BEH J EXP AN BE J EXP C PSY J EXP MED J EXP PSY A		0 0 0 107	3 3 2 2 4	FETABOLISM FOLEC PHARM FUTAT RES N ENG J MED NATURE VATURE-BIOL		-	331 143 12	3 3 4 2
J EXP PSY G J EXP PSY H J EXP PSY P J EXP PSYCH J EXP ZOOL J GEN MICRO	•	0 0 1 2 0	•	NEPHRON YEUROENDOCR NEUROLOGY NEUROPHARM NEUROPSYCHC ONCOLOGY			2e 73 10 3	2 3 2 3 3
J GEN PHYSL J GEN VIROL J GERONTOL J HETERO CH J HIST CYTO J IMMUNOL		24 3 11 .0 41 227	2	ORAL SURG O P NAS US P SOC EXP M PEDIAT RES PEDIATRICS PERC MOT SK	•	4	98 182 37 163	2 4 3 3 2
J INFEC DIS J INVES DER J LA CL MED J LIPIO RES J MED ENT		57 21 131 23 8.	2 3 3 4 3 3	PERC PSYCH PHARM REV PHYSIOL REV PHYSL BEHAV PHYTOLEM PLANT PHYSL		•	2 2 2 16	3
J MEMBR BIO J MOL BIOL J NAT CANC J NE EXP HE J NE NE PSY		14 13 44 13 12	4 4 3 3 2	PSYCHOL REP PSYCHOPHAR PSYCHOPHARM PSYCHOPHYSL PSYCHOS MED	•		14 13 28 59	3 3 2
J NEUROCHEM J NEURPHYSE- J NUCL MEO J NUTR J ORG CHEM J PARASITOL	·	20 24 152 30 13 22	4 2 3 4	RADIAT RES RADIOLOGY RESP PHYSL SCIENCE STAIN TECH STEROIDS			20 310 ·· 20 188 6	2
J PEDIAT J PERIODONT		131 •	2 2	TERATOLOGY Tetrahedr L)	0	4



137

Journal Name	Number of Articles	Level of Journal	Journal Name	Number of Articles	Level of Journal
	20	3 .	ANN PROC ELECTRON MICR SOL AFER	,	
THROMB DIAT	20 16	3	ANN REV PHARMACOL AND TOXICCL	į.	Ĭ.
TOX APPL PH	63	3	AOV BIOCHEM PSYCHOPHARMACOL	•	7
TRANSPLAN P TRANSPLANT	52	3	J DRUG RESEARCH	i	
	12	Ĭ	EVIDENCES AND HYPOTHESES	i	ĭ
VIROLOGY	12	ė.	ACTA SCAND	i	Ă
VISION RES	5	Ś	THE CHROMOSOME NEWSLETTER	i	3.
VOX SANGUIN	18	3	TRANS AUTOMATIC CONTROL		3
YALE J BIOL	17	3	HEO ELECTRON BIOL ENG (ENGLAND)		Ă
CANCER CHEM	* '	2	PROC BIOMED SCI INST	ī	š
PER IODONT IC	31	3	TRACE SUPPLEMENT	ī	Ă
TRANSACT AMER SOC ARTIFICIAL INTERNAL ORGANS	6	Ā	TRANSCULT PSYCH REV	ī	ż
METHODS ENZY - Bull of MT desert isl bio LAB	. 6	4	ANTHROPOLICICAL LINGUISTICS	1	··· 4
J APPL PHYSIOL	110	4	US ARMY MED RES LAB REP	. 3	3
THE PHYSIOLOGIST	57	•	DRUG METAB DISPOS	В	3
BULL DE PHYSIOPATHOLOGIE RESPIRATOIRE	i	4	INT J MED RES	1	3
SIOCHEM PREP	ī	4	RECENT RESULTS IN CANCER RES	2	3
SLEEP RES	·	3	J PHYSICS PED BIOL	1	4
J OF COMP PSYCH	i	4	NEURORADIOLOY SUPPLEMENT	2	3
BULL SOC CHEM BIOL	ī	4	J NEUROPATH & APPL NEUROBIOL	1	3
MICROVASCULAR RES	ī	3 .	J AUTONOMIC NRVE SYSTEM	1	4
BIRTH DEFECTS SERIES	3	3	SCI INSTRUM	1	3 .
ARCH INT PHARHACODYN THER	5	3	LAB MED	1	3
PSYCHOP HARMA BULL	12	3	A ZELLFORSCH	1 .	4 :
J BIOPHYSICS & BIOCHEM CYTOLOGY	6	•	LAB PRIMATE NEWSLETTER	2	3
RETICULOENDOTHELIAL SCCIETY	1	3	AM J PHYSICAL ANTHROPOLOGY	3	4 .
ORIGINAL ARTICAL SERIES	13	3	BASICS OF RD	1	3
LYMPHOKINE REPORTS	1	3	MED INSTRUMENTATION	.3	3
CANAD J BICCHEP PHYSIOL	4	<u>.</u>	(ÄUTOMATED ANALYSIS	. 1	3
J OF LAB CLIN INVEST	0	3	WARB TECHNICAL WORKSHOP	. <u>o</u>	
PAVLOVIAN J BICL SCIENCES	1	•	CADAVER	3	•
BIOCHEM BICPHYS ACTA BIOMEMBRANES	1	•	,IGAKUNO AYUMI	1	•
PROC WEST PHARMACOL SOC	1	, 3	INT J NUCL BIOL	2	
PROC HLTH PHYSICS SOC	1	7	J CARDIOVAS PHYSICL	1	•
ISOZYHES	1	7	SOC IND APPL MATH REVS	. 1	•
J PHYSIOL	. b	i i	BULL MATH BIOPHYSICS APPL MATH COMP	1	
PROC INT*L U PHYSIOL .		Ĭ.		1	
UMSCHAU		i i	TRANS ASAID BULL PROSTHETICS RES	í	3
PROC SOC OF PHCTO-OPTICAL INS ENG	1	•	CUTANEOUS NODULES PRECEDING SYSTEMATIZATION	;	ξ.
EXPER BIOL & MED	÷.	3	BBRC	i	ĭ.
COMP BIOMEO RES	î	Ā.	PROGRESS IN IMMUNOLOGY	i	
PROG LIPIO RES	ā	a 3	LA RICERA CLIN LAB	2	ż
CLIN RES PROC ARCH BIOCHEM	. 2	4	ADV PHARMACOL THERAP	ī	# 4
TRANS ASSOC AM PHYSICIANS	12	3	NEUROTOXICOLOGY	ī	3
RECENT PROGRESS HORMONE R	3.	3 .	ACTA D'ANESTHESIOLOGIE	· ī	Š
J EXPER BRAIN RES	1	3	RASS NEUR VEGET	1	3
ADV IN DRUG RES	ī	4	PORTUG ACTA BIOL	ī	4
QUAL REV BULL	3	4	CYTOTECHNOLOGIST BULL	5	3
CHEN PATH PRARM	2	4	J INT RADIOL ONCOL BIOL & PHYSICS	1	3
AEC REPORTS UR (PHYSIOLOGY)	2	4 .	J INT ANESTH RES SOC	1	3
DECUS SYMPOSIUM MINI PAPERS	2	3	IRCS MED SCI	4 ,	4
DECUS PROCEED	2	3	LINACRE QUART	. 2	3
ACM SIGUE BULL COMPUTERS	. 1	•	INT REV PHYSIOL	1	4
PHYSIOLOGY TEACHER	2	3	RECENT PROGRESS IN HORMONE RES	1.	5 S
IEEE, TAINS NUCL SCI	2	•	J PROJEC TECH	1	. 3
PSYCHOPHARMACOL BULL	1	3	RECENT ADV BIOLOGIC PSYCH	1	•
BBA	2 '	•	PROC ASCO/AACR	4	3.
ANN FED CLIN RES	1	3	HUMAN ORGAN	. •	3
ANN SOC ROY ZOOL BELG	2	•	J COMP PHYSIOL PSYCHOL	1	4 .



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		Number of	Level of		Number of	level of
Journal Name		Articles		Journal Name	Articles	
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AAAS		•		ADVANCES IN BIO OF SKIN		
IZEURO-PSYCHOPHARMAK			•	J PHARMACOKIN BIOPHARM	1	•
IRCS		: 200	•	J_DRTHOHOLECULAR PSYCHIATRY .	- 1	•
PHONTH INHUMBERS			:	INFORMATIONEN ZUR KERFORSCHUNG UND KERNTECHNIK	. 2	•
. PHOSPHATE METABOLISH		-	3	J EEG. CLINICAL NEURO-PHYSIOLOGY	2	<u>•</u> .
		. 2	· •	THE WORM RUNNERS DIGEST	1	3
BR J PHARMACOL & CHE J PSYCHOPHARMACOL	L n	•	•	BBA BIOHEMBRANES REVIEWS	1	•
DEVEL NEUROSCIENCE			<u>- :</u>	ADV IN EXP MED AND BIOL	; 2	•
ANL AGE		1 1		WR. TIERARZTL MONATSSCHRIFT	3	4
. AD IN BIDCHEM PHARM		<u> </u>	5.9 Sail \$	PATH U PHARMAKOL	1	•
		• •	•	NATURWISSENSCHAFTEN	5	•
HOPPE SEYLER'S 2. PI ACTA CIETIFICA VENZE		;	7	ARBEITSPHYSIOL	•	•
LABORATORY MED	LULANA -		•	MATHEMNATURWISS KI		•
	.,	3	3	NEUE Z. ARZTL FORTBLDG	1	•
ANN CLIN RES HELSIN		1	ę ³	INTERNAT 2. ANGEW PHYSIOL EINSCHL ARBEITPHYSIOG	1 .	3
INT J NEURCPSYCH	YCETES & FELATED DRGANISMS	2	•	TIDSSKRIFT FOR DEN HORSKE LÆGGEFORENING	2	
. ABREACTION	• ;	•	3	MED TRIAL TECHNIQUES QUARTERLY	1	. 3
PSYCHOPHARM BULL	•	A 1		MICROCIRCULATION .	′ 1	3
J BIOCHEM PHARM	₹	-	3	REVUE DE CYTOLOGIE CLINIQUE	1	3
BIOCHEM PHYSIOL		†	•	PROC ELECTRONHICROSCOPY SCC CF AM	:	3
HALVETICA PPHYSID EX	T BUADNACOL ACTA	;	1	ANIMAL HUSBAHDRY	;	•
. INTERN UNION OF BIO		į	1	METABOLIC RESEARCH	;	•
TRANS AM SCC NEUROCH	THE PUBLICATION	;	7	J ENERGY MED	;	3
ABS SOC NEURDSCI	15.11	•		J STATIST COMPU SINUL	•	•
J AUTO NERV SYS		•	7	BOL ZOOL E BIOL MAR+ N.S.	2	•
INT J CLIN & EXP HYP	Dunete			NEUROSCIENCES RESEARCH PROGRAM BULLETIN	î	:
ANN REPORTS HEC CHEN		ۈ		AM GEN PHYSIOLOGY	i	. 3
EUR J STERIODS	•	ī	1	PROC ZOOL SDC LONDON	•	1
RAD RES	•	·	i	J ANIM MORPH PHYSIOL	i	
ACANCER.		ī	3	PROG CANCER RES	ī	•
ARCH ITAL SCI FARHAC	OL COL	Ž	Ă	INVEST CETECEA (BERNE)	ī	Ä
J CLIN EXP PSYCHOTHE		3	3	J APPL NEUROPHYSIDLOGY	. 1	7
NURSING RES		ž	3	TRANS SOC PED RES	ī	ì
J APPL PSYCHOL		ī	4	PRO SOUTHERN SOC PED RES	i .	. 3
SIDCHEM CLIV		1	3	J EXP HEMATOLOGY .	1	-3
ARCH INST BIOL ANDIA	VA	1	4	MED PRIMATCLOGY	1	ě
ARCH BIOL ANDINA	•	1	4	BIOL ANAT	2	4
BIDMEDICAL SCI INSTR	RUPENTATION	3	3	J EXP PATH .	1	4
ANR REV PHARM		1	3	MEMBRANE MEATBULISM	1	4
PROG BRAIN RES		2	•	FEDERATION BULL	1	4 .
AM SOC PHARMACOL E)	CP THÈRAP	2	4	AM SOC ZOOLOGISTS	1	•
EXISTENT PSYCH		1	. 4	ARCHIVUS DE INVESTIGACION PECICA .	. 1	_ 3
CONTEMP CELL RES		1	•	STUDIEN ZUR WISSCHSCHAFTSTHECRIA	1	4
ADV PATHOBIOL		· 1	. •	ATTI VI CONG INT MICROBIOL	2	4
J PARENTERAL 'AND ENT		2	3	RIGSC COMUN VI COMS INT MICROBIOL	1	4
SCAN J LAB & CLIN ME		1	3	PROGR PROTOZOOL	3	4
J APPL RADIATION & 1		1	•	SEVENTH INT CONT PATH ACAD NAZ LINCEL PROBL ATT DI S	CI CLLT 1	. 3
J. MICROVASCULAR RES		1	3	COMP IMMUN MICRO INF DIS	1	3
J INT RIDCHEM	•	1	•	BERICHTE DER PHYSIK-HEDIZIN(GESELLSCH ZU WURZBURG)	1	4
NEDERLI TIJDSCHRIFT	V GEENEESKUNDE	2	3~	PROC 18TH ANNUAL CONFRENCE ON ENGINEERING IN MED AND	PIOL 2	3
BACT PROC		1	•	PROC 48TH ANNUAL MEETING OF THE ENDOCRINE SCC	1	3
J INT MED R ES		1	<u>3</u> .	PHYSIOL FOR PHYSICIANS	1	.
WALDA Z ALKOHOLIZMEN	ł	• 1	3	THEORY J APPL PHYSIOL '	1	4
ALEOSY I SACIE		1	4	BORDEN REV NUTRITION RES	3	3
PHARM+ PHYSIOL & PER	1	1	3	INSERM	3	3
J BIOL PSYCH		. 2	•	NEO TIJO GEENEESK	1	3
BROOKHAVEN NATIONAL		1	•	PROC DUTCH SDC CLIN CHEM Z ZELLFORSCH	. 1	3
J EXTRA-CORPOREAL TE		ž	3 .	DAIRY SCIENCE	17	• .
REV IG MICROB EPIDEM		1	3	PHARMACOLIGIA CLINICA	3	<u> •</u>
- MICROB PARAZITCE & E	PIUCHICL	3	3 ,	THE PROPERTY OF THE PROPERTY O	1	3 .



Journal Name	Number of <u>Articles</u>	Level of Journal
TRANS AM SOC NEUROCHEM	1	4
TRANS AND STUDIES OF THE COLLEGE OF PHYSICIANS	1	. 3
PROC TISSUE CULTURE ASSN AMER	1	4
CATALYST	. 4	4
J PSYCHEDELIC DRUGS	5	. 3
PSYCHOSOCIAL (GRASSROOTS)	1	4
PERSPECTIVES IN VIROLOGY	1	4
PROC CHEM SOC	2	4
SELECTED METHODS IN CLINICAL CHEMESTRY	1	3 .
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PRO	JECTED	PROPORTION	OF FACUL	TY IN EACH	1 CAREER	AGE AT A	6. C% GRO	WTHRATE		*			
	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
0	•0002	.0003	.0003	-0003	•0003	• 0003	• 0003	. 00 03	• 0 0 0 3	•0003	•0003	.0003	•0003
1	.0003	-C C D 4	.0005	.0305	•0005	.0005	• CC05	• CO O 5	• 0005	• 0005	•0005	• 0005	•0005
2	• 0006	.0007	. 0008	• 3009	•0309	.0009	.0009	• 00 09	.0003	•0009	• 0009	•0009	•0009
3	.3027	•0033	.0034	•0036	•0036	.0036	.036	• 0037	•0037	•0037	•0037	• 0037	•0037
- 4	.0650	-0096	.0101	.0102	•0103		• 0104	•0105	•0105	•0105	•0106	• 0106	•6166
5	.3181	.0176	.0190	.3194	.0195	•0196	· £197	÷0198	.0159	.0200	•0200	•0200	.0200
6	.0267	- 5262	. 6257	• 3269	.0273	.0274	.0275	•0277	.0278	•0279	.0279	• 0280	•0280
7	.0223	• 9 3 3 9	.0333	.0329	.0339	.0343	. 6344	• 0346	• 0347	• 3349	.0350	ر C350 مر	.0350
Ħ	.0344	-0346	.0393	.0398	-0385	.0394	.C397	•0399	.0401	.0403		0405	.0405
9	.0397	• 0360	.0361	.0401	. G 398	.0395	. 0403	. 04 06	• G4 D8.	.0410	-0411	• 04 12	.0413
10	-0404	- 0.395	.0364	.0365	.0399		. [394	.0401	p 04 04	• 04 06	• 04 08	• 04 09	.0410
11	.3418	-040€	.0392	.0364	-0365	.0395	.0393	.0392	.0398	.0401	.0402	.0404	.0405
12	.0421	-0412	.0396	- 0389	.0365	.0366	. 0393	.0391		0395	•0398	•0399	.0400
13	.0443	•0405	.0397	•0383	. 0377	.0356	· C357	.0381	.0379	.0376	.0383	.0385	.0387
14	.0407	•0419	.0386	.0379	.0367	.0361	.C343	.0344	.0365	• 0364	.0363	• C3 67	•0369
15	.0386	. 0391	- 0462	.0373	.0366	.0355	.6351	.0334	.0335	.0354	.0353	.0352	.0356
16	.0420	.0371	•0376	.0386	.0359	.0354	.0344	.0340	.0325	.0326	•0343	.0342	• û341 -
17	.0373	.0401	• C35 E	.0362	•0371	.0347	.0342	·C333	.033C	•0317		0333	03
16	.0396	-0358	.0384	.0345	.0349	.0357	.6335	.0331	.0323	.0320	.0308	• 03 09	0323
19	.0378	.3379	.0345	.0368	.0333	.0336	.0343	· C324	.0320	,0313	.8311	• 03 00	.0301
20	. 3340	. 3363	.3364	•0333	.0354	.0322	.0325	.0332	.0315	.0311	•0305	. 63 02	.0293
- 21	.0344	.0326	· 6347	.0346	.0319	.0339	. 6309	.0312	.0319	.0303	.0300	.0294	.:292
22	.0343	•0333	.0316	.0335	•0336	.0310	• C328	.0301	.0304	.0310	.0295	. 02 92	•0287
23	.0331	•0326	.0316	.0301	.0318	•0319	•0295	.0312	.0287	.0290	.0255	. 3282	.0280
24	0301	• 0317	• C311	.0303	.0289	• 03 05	• C305	-0284	.0299	.0277	.0279	.0284	.0272
25	.0249	•0286	.0301	.0296	.0288	• 0275	. (296	6291	• 0271	.0285	. 4265	· C267	.0271
26	•G250	• 0 235	•0269.	·0282 ·	•0277	. •0270	• 0259	.0272	.0273	•0255	0267	. 0249	.0251
27	.0212	.0239	• C225	.0256	.0268	• 0264.	· C258	•6247	.0259	.0260	.0244	.0255	·0238
28	.0189	.0201	- 0226	.0213	. 6241	• 0252	· £249	· £243	.0233	.0245	-0245	.0230	.0241
29	•0182	•0179	.0189	.0212	•02G1	•0226	•C236	0233	• 0228	.0219	0229	.0230	.0216
36	.0136	.0173	•017G	.0180	020	•0190	· 0214	0223	°•0220	.0215	.0297	.0216	.0217
31	•0165	•0175	.0164	.0161	01 (0	.0189	• C179	.0201	•0209	.0207	.0202	0195	·C203
32	.0175	-0156	•0165	•0154	•015 8	•0160	• C177	· • C169	·0188	•0196	·0194·	• 6189	.0163
33	.0181	.0166	.0148	.0156	.0146	.0144	.0152	•0167	•0160	.0178	.0185	•0182	.0179
34	•0152	• C 17 S	•0156	.3140	. 5147	·0138	· [136]	•G143	.0158	. 0151	.0167	•0173	•6171
35	•0152	-0142	•015à	•0146	.0131	0138	· C130	₹ +012E	.0134	• 0147	.0141	.0156	.0162
36	.0096	• C 169	.0133	•0147	•0136	•0123	.0129	• 01 22	•0120	.0126	.0138	.0132	.0145
37	•0089	• C 09 J	& 0156	.0123	.0136	•0126	• C114 .	.0120	.0113	.0112	.0117	.0128	.0122
38	•0075	• 0 V 8 4	- 0084	• 31 4 5	- 6114	•0127	• C117 ·	• 01 06	.0111	. • 01 05	.0104	· C1 09	.0119
39	•0064	• 0 06 8	.0075	•0076	• 5129	-0102	•6113	.0135	•0095	-0109	-0094	.0093	.009.7
40	.0057	-0057	.0860	.0067	.0067	•0113	-• G090	.0099	.0052	.0084	-0088	.0083	.0082
41	.0201	• C15 O	.0182	•0179	•C183	.0186	. [227	•0236	.0251	• 0255	.0251	.0252	.0248
													•



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APPENDIX II. 6.1 (CONT'D)

			PROJECTED	NUMBER C	F ALL PUS	LICATIONS	AT A 6.	OX GROWTH	RATE	•	-		3
ROW	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
MED SUR BEH HOS BAS ALL	35647 13239 4176 13628 3970 76661	37660° 13901 4412 14366 4171 74510	39824 14610 4666 15146 4388 78635	42138 15349 4938 15957 4617 52998	44604 16160 5222 16815 4869 87670	47251 17016 5531 17719 5142 92668	49843 17937 5942 18675 5439 97735	52797 18929 6189 19724 5759 103399	55898 19986 6551 20846 6098 109379	59273 21122 6941 22049 6465 115850	62908 22339 7364 23336 6559 122866	66716 23635 7807 24701 7275 130133	70777 25028 6280 26157 7715 137961
					٠.						٠	•	
			٠		PERCENT	AGE CHANG	E FROM 19	78			·		٠.
ROW	1979	1980	1981	1982	1993	1984	1985	1986	1987	1986	1989	1990	
MED SUR BEH HOS BAS ALL	5.6 5.0 5.6 5.4 5.1	11.7 10.4 11.7 11.1 10.5	18.2 15.9 19.2 17.1 16.3	25.1 22.1 25.0 23.4 22.7 24.1	32.6 29.5 32.4 30.0 29.7 31.1	39.8 35.5 39.9 37.0 37.0	46.1 43.0 45.2 44.7 45.1 46.3	56.8 51.0 56.9 53.0 53.6 54.8	66.3 59.5 66.2 61.8 62.9 64.0	76.5 68.7 76.3 71.2 72.9 73.8	87.2 78.5 86.9 81.2 83.3 84.2	98.5 89.0 91.3 91.9 94.4 95.2	•
							•						
		•			PERCEN	TAGE CHANG	E FROM PI	REVIOUS YE	EAR				
ROW	1979	1980	1981	1982	1983	1984	1965	1986	1987	1988	1959	1990	€ '
MED SUR BEH HOS BAS ALL	5.6 5.0 5.6 5.4 5.1 5.4	5.7 5.8 5.4 5.2 5.5	5.8 5.1 5.8 5.4 5.2 5.5	5.9 5.3 5.8 5.4 5.5	5.9 5.3 5.9 5.4 5.7	5.5 5.4 5.6 5.4 5.6 5.5	5.9 5.5 5.6 5.9 5.8	5.9 5.6 5.9 5.7 5.9 5.8	6.0 5.7 5.9 5.8 6.0 5.9	6.1 5.8 6.1 5.9 6.1 6.0	6.1 5.8 6.0 5.8 6.1 6.0	6.1 5.9 6.1 5.9 6.1 6.0	
			GRC-IFCTED	NUMBER (NE SPECTAL	PUBLICAT	TONS AT A	6 . 0 % GR	OWTHRATE				
ROW	1978	1979	1580	1981	.982	1983	1964	1985	1966	1987	1988	1989	1990
MED SUR BEH HOS BAS ALL	17549 2907 658 6229 2184 29528	18516 3052 692 6556 2295 31111	19576 3205 729 6902 2414 32626	20696 3365 765 7260 2540 34629	21885 3540 810 7658 2679 36572	23151 3734 ° 854 8071 2£34 38645	24412 3943 961 8507 2995 40758	25838 4166 955 8982 3173 43114	27346 4402 1013 9490 3362 45613	28983 4654 1077 10045 3565 48324	30747 4928 1144 10632 3763 51234	32589 5216 1216 11259 4912 54293	34560 5532 1292 11930 4256 57570
1		•	-									,	•
				•	PERCENT	TAGE CHANG	: E FROM 19	978					•
ROW.	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	
MED SUR BEH HOS BAS ALL	5.5 -5.0 5.1 5.3 5.1 5.4	11.6 10.2 10.3 10.6 10.5	17.9 15.7 16.8 16.6 16.3	24.7 21.8 23.1 22.9 22.6 23.9	31.9 ,29.4 29.7 29.6 29.8 30.9	39.1 35.6 36.9 36.6 37.1 38.0	47.2 43.3 45.1 44.2 45.3 46.0	55.8 51.4 53.9 52.3 53.9 54.5	65.2 60.1 63.6 61.3 63.2 63.7	75.2 69.5 73.6 70.7 73.2 73.5	85.7 79.5 84.7 80.7 83.7	96.9 90.3 96.2 91.5 94.9 95.0	
					,			,					,
			•		PERCEN'	TAGE CHANG	SE FROM PI	REVIOUS Y	EAR	**		•	•.
ROW	1979	1980	1961	1982	1983	1984	1985	1986	1987	1986	. 1989	1990	
MED SUR BEH HOS BAS ALL	5.5 5.0 5.1 5.3 5.1 5.4	5.7 5.0 5.4 5.3 5.2 5.5	5.7 5.0 5.4 5.2 5.2 5.5	5.7 5.2 5.4 5.5 5.5 5.6	5.8 5.5 5.4 5.4 5.8 5.7	5.4 5.6 5.5 5.4 5.7	5.8 5.7 6.0 5.6 6.0 5.8	5.8 5.7 6.1 5.7 5.9 5.8	6 • D 5 • 7 6 • 3 5 • 8 6 • 1 5 • 9	6+1 5-9 6+3 5+6 6+1 6+0	6.0 5.9 6.3 5.9 6.1 6.0	6.1 6.2 6.0 6.1 6.D	

PUBLICATION PRODUCTIVITY AT THREE PERCENT GROWTH

			•											
PRO	JECTED	PROPORTION	OF FACULT	Y IN EACH	H CAREER	AGE AT A	3 - 0% GROW	THRATE						
	1978	1979	1980	1981	1982	1983	1984		1986	1987	1988	1989	1990	
				- · • -					2700		1,00			
0	.0002	.0002	.0002	.0002	.0002	•0002	.0002	• 00 02	.0052	.0062	•0002	• 0002	.0002	
-1	.0003	-0004	.0004	.0664	• 0 0 0 4	•0004	• 0 0 0 4	.0004	• 0 0 64	•0004	• 9004	• 0004	-0004	
2	•0006	•0006	.0007	.0007	. 2007	-0007	.007	6007	.0007	-0007	•0007	• 6007	• 0007	
· 3	.0027	.0027	.0027.	.0028	.0028	•0028	•C028	.0028	• 002b	•0028	. • 0028	.0028	.0028	
4	.0080	• 6 6 8 0	.0679	• 0078	• 0 6 79	.0079	• 6079	• C O 8 O	.0086	.0080	.0081	. 0081	•0081	
5	•0181	• G153		-0150	.0150	.0151	.0151	.0152	• 0152	.0153	•0154	•0154	•0154	
• 6	.0267	.0240	.0215	.0214	.0212	•0212	•C213	•C214	0215	.0216	•0217	.0217	.0217	
7.	.0283	.C318	.0294	.0271	•0270	•0269	• C269	•027U	.0271	.0273	•0274	•0275	.0275	
g	.C344	.0329	.0359	.0337	.0317	.0316	· ¢315	.0316	.0317	.0319	.0320	.0321	.0322	
ò	.0397	.0353	.0340	.0366	.0346	.0329	• (328	• ¢328	•0328	.0330	• G331	•0332	• 0333	
10	.0404	•0393	.0354	.0341	• 0365	•0347	•0332		•0331	•0332	.0334	.0335	•0336	
11	.0418	.0398	• 03 ¤ô	.0353	. G342	0362	• G347	.0333	•0333	.0333	• 0334	• 0336	•0337	
12	.0421	•0412	.0394	.0384	.0353	.0343		. 0346	•0336	• 0336	•0336	• 0337	•033 ê.	:
13	. G443	.C408	• 0 4 0 0	.0384	• 0375	• 0346	• C337	.0354	.0342	.0331	•0331	.0331	.0332	
. 14	.0407	.0424	•0393	.0385	1.0370	.0362	.0336	-0328	.0344	- 0'333	-0323	.0323	.0323	
15	.0386	•0396	.0411	.0382	-0375	•0361	. [354	•0330	0323	-0337	A • 0327	•0318	•031e	
16	.0420		.0384	.0398	.0372	036	•0352	-0345	•0324	•0337 •0317	0331	• 0318	.0313	
17	• 0373	.0407	. 0366	.0374	- 0387	036	.0356	.0344	•0338	.0318	0312	.0324	•0316	
18	.0396	.0362	.0394	•0356	• 6363	• 037	• 6352	-0347	•0336	-0331	•0312	• 03 06	•0318	
19	.0378	.0385	•0353	•0383	•0347	- 035∙	• C365	G344	.0339	.0329	•0324	• 03 06	.0301	
20	-0340	• 0368	.0375	.0345	• 0372	•0339	• 6346	0356	•0336		•0324 •0323	0318	.0382	
21	.0344	.0332	.0358	•B364	.0336	•0362	• [331	.0337	.0347	•0328	. 0324	.0315	.0311	
22	.0343	•0337	•6325	•0350	•0356	•0329	.0354	0324	0330	.0340	•0322	• 0313 • 0319	.0310	
23	.0331	.0332	0326	-0315	•0333	.0343	.0319	-0341	•0314	60320	•0329	• 0312	•0309	
24	.0301	•0322	.0322	.0317	•0306	• 0328	1233	.0310	•0331		· 0311	2 • 0312	•G304	
25	.0249	.0291	.0311	•0311	•0306	•0296	• (317	.0321	•0300		. 0296_	0301و	.0309	
26	.0250	.0240	.0279	9297	0297	0293	.0284	•0303	•0307	•0320 •0287	10306	1 0263	•0288	
27	.0212	• 0243	.0234	.0271	. (268	0288		0275	•0293	.0298		• 1296	•0275	
28	.0189		•0234	•0225	•0260	•0276	•1276	.0272	•0264	.0281	0285	02/67	.0284	
29	.0182	• 0182	.0197	•0224	• 02 16	•0218	- 254	-0264	•0260	0252	- 0268	0272	0255	
30	.0186	• G177	.0177	.0190	.6217	• 0209	· C240	.0254	•0254	0251	0243	•0259	•0262,	
31	•0165	•0179	•0170	•0170	.0183	•0208	. 6200	.0239	.0243	0243		• 0233	.0247	
32	.0175		.0172	.0163	.0164	•0176	.0198	• 0 1 92	0219	•0231	Ç232	• 3228	0222	
33	.0181	0169	.0153		. •0158	•0158	. 6 5	•0191	•0164	.0210	0222	•6222	.0219	
34	.0152	•0173	.0162	-0146	• 0159	• 6152	٠ 2 د ١٥٠	.0162	•0183	.0177	•0201	30212	•6212	
35	.0182	.0145	.0165	.0155	.0141	.0152	• G145	•C145	•0155	•0174	•0168	•0191	.0201	
36	•0096	• C174	·£139	•0157	• G 148	• 0125	• C145	•6139	•0139	-0148	60166	•0161	.0182	
.37	•0089	•0092	•0164	•0131	.0145	.0140			•0139		0140	•0157		
38	•0075	•0092	•0098	•0151 •0156	.0145	•0140		•0122		•0131			• 0152	
39	•0075	• 6 0 6 9	•0079	•0156					•0131,	•0125	•0125	•0133	•0149.	
40	•0057	- CC58	•0063	.0071	-0142	-0114		01122	•0111	•0119	-0114	-6114	•6122	
41	.0201	. 0195	•0193	•3195	• 0 C 73	-0128	. 5.03	.0116	.0110	-0101	•010ô	•0103 ×	.0103	
7.1	00201	- 0122	•0725	•8720 ,	•02@4	.021	65	-0283	• 03 u7	•0319,	-0319	•0326	•0327	
			•,					*.*				,		

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APPENDIX II.6.2 (CONT'D)

			PROJECTED	NUMBER O	F ALL PUE	LICATIONS	AT A 3.	.Ox GROWTH	RATE			•	
ROW	1978	1979	1980	1981	1982	1982	1984	1985	1586	1987	1988	1989	1990
MED	35647	36817	27577	39128	4 0273	41447	42417	43606	44796	46109	47526	46951	50453
SUR BLEH	1 3 2 3 9 4 1 7 6	13571 4308	1350G 4446	14205 4570	14525 4695	14932 4826	15136 4943	15451. 5078	15767 5211	16096 5354	16445 5513	16805 5673	17194 5843
HOS	13628	14011	14381	14723	15058	15364	157¢8	16067	16439	16630	17235	17656	18096
BAS ALL	· 3970 70661	4053 72760	4132 74831	420 9 76835	4291 78842	4393 868 / 2	4479 82673	4572 84774	.4676 86889	4794 89185	4923 91644	5057 94141	5199 96785
						\							
				-								• *	
						•							
					PERCENT	TAGE CHANG	E FROM 19	978			•		
ROW	1979	1980	1981	1982	1983	1984	1985	1986	1987	1989	1989	1990	
MED .	3.3	6.5	9.8	13.0	16.3	19.0	22.3	25.7	29.3	33.3	37.3	41.5	
SUR 8 E H	2 • 5 3 • 2	5.0 6.3	7.3 9.4	9.7 12.4	12.0 15.6	14.3	16.7 21.6	19.1 24.8	21.6 28.2	24.2 32.0	26.9 35.8	29.9 39.9	
HOS	2.8	5.5	E.0	10.5	12.9	15.3	17.9	20.6	23.5	26.5	29.6	32.8	
BAS	2.1	4.1 5.9	6.0	8.1	10.4	-12.6	15.2	17.8	20.8	24.0	27.4 33.2	31.0 37.0	
ALL	3.0	•	e . 7	11.6	14.5	17.0	20.0	23.0	26.2	29.7	33.62	21.00	
		•	~ [•									
			-								•		
						TAGE CHANG							
ROP	1979	• 1980	1981	1982	1983	1984	1985	1986	.1987	1988	1989	1990	
NED NUZ	3.3 2.5	3.2 2.4	3.0 2.2	' 2.9 2.3	2.9 2.1	2.3	2.8 2.1	2.7 2.0	2.9 2.1	3.1 2.2	3.0	3.1 2.3	
FEN	3.2	3.1	2.9	2.7	2.8	2.4	2.7	2.6	2.7	3.0	2.9	3.6	
HOS Bas	2.9 2.1	2.6 2.0	2.4 1.8	2.3 2.0	2•2 2•1	2 • 1 2 • 0	2.3 2.3	2.3 2.3	2.4	2.4 2.7	2.4	2.5 2.5	
ALL	3.0	2.8	2.7	2.6	2.6	2.2	2.5	2.5	2.6	2.8	2.7	2.6	
		•									•		
			PRQJECTED	MUHBER C	F SPECIAL	PUBL1EAT		` \	OUTHRATE				
ROW	1978	1979	1980	1981	1982	1983	1964	1985	1986	1987	1988	. 1989	1990
HED	17549	18093	18650	19187	19715	20245	20656	21239	21794 3379	22403 3445	23061 3526	23715 3606	24414 3694
SUR Beh	2907 658	2964 674	3C17 690	'3967 <u>.</u> 706	3122 720	3164 733	3247 747	3313 765	783		627	851	876
HOS	6229	6385	6532	. 6667	6814	6953	705;	7245	7404	75£1 2639	7760 2711	7948 2765	8147 2864
BAS	2194 2952a	2228 36343	2271 31162	2313 31939	2357 32728	2405 <u>.</u> 33524	245 3424¢	2515 35077	2573 35934	36877	37885	32905	39995
				,			•			•			•
											11.1		
								,					
			٠,	•	PERCENT	AGE CHANG	E FROM 19	178				•	
ROW	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	
MED	3.1	6.3	9.3	12.3		. 17+9	21.0	24.2	27.7	31.4	35.1 24.0	39.1 27.1	
SUR BEH	1.9 2.4	3.5 4.9	5.5 7.2	7.4 9.3	9.5 11.4	11.7 13.5	14.C 16.2	16.2 19.0	18.6 22.2	21.3 25.6	29.2	33.1	
HOS	2.5	4.9	7.0	5.4	11.6	12.9	16.3	18.9	21.7	24.6	27.6	39.8 31.1	
8AS ALL	2.0 2.8	4.0 5.5	5.9 8.2	7.9 10.8	19.3 13.5	12.5 16.0	15.1 16.8	17.8 21.7	20.8 24.9	24.1 28.3	27.5 31.8	35.5	
		•	•										
	•	_			PERCEN	TAGE CHANG	E FROM PF	REVIOUS YE	EAR				
				-		1984	1985	1986	1987	1988	1989	1990	
ROW	1979	1980	1981	1982	1983	.,,,	-,						
				1982 2.8	2.7	2+2	2.6	2'+6	2.8	2.9	2.9	2.9	
HED SUR	3.1 1.9	,3.1 1.8	2.9 1.6	2.8 1.8	2.7	2 • 2 2 • 0	2.6	2.6 2.0	2.1	2.2	2.9	2.9	
MED	3.1	,3.1	2.9 1.6 2.2 2.1	2.8 1.8 2.0 2.2	2.7 2.0 1.9 2.0	2.2 2.0 1.9 2.0	2.6 2.0 2.4 2.2	2.6 2.0 2.4 2.2	2.1 2.7 2.4	2.2 2.8 2.4	2.9 2.3 2.9 2.4	2.9 2.4 3.0 2.5	
MED SUR BEH	3.1 1.9 2.4	,3.1 1.8 2.4	2.9 1.6 2.2	2.8 1.8 2.0	2.7 2.0 1.9	2.2 2.0 1.9	2.6 2.0 2.4	2.6 2.0 2.4	2.1 2.7	2.2 2.8	2.9 2.3 2.9	2.9 2.4 3.0	

PUBLICATION PRODUCTIVITY AT ZERO PERCENT GROWTH

Р	ROJECTED	PROPORTION	OF FACUL	TY IN EAC	H CAREER	AGE AT A	• 0% GRO	LTHRÁTE	•		•			
	1976		1986	1981	1982	1983	1984	1965	1986	1987.	1988	1989	1990	
	0 .0002	.0001	.0001	.0001	. 6061	.0001	• CC01.	001	.0061	.0001	.0001	.0001	•0001	
	1 .0003	.0603	• 0002	.0002	• 0302	•0002	.0002	.0002	.0002	.0002	•0002	.0052	•0002	
	2 .0006	•0005	• 00 05	• 0 0 0 5	0005	.0634	. COO4	.3304	•60C4	• 0 0 0 5	.0005	•0005	•0005	
	30027	.0020	.0019	.0015	.0018	.0018	• C01a	• 0 01 8	.0018	.0016	•0 019 °	.0019	.0015	
	4 .0080		.3055	• 0 0 5 3	.0353	.0052	.052	• G Q 5 2	•0052	• 0053	.0053	.0053	.0054	
	5 .0181	.0128	.011C	.0102	.0100	.0100	.0099	•0100	.0101	.0101	.0102	• 0102	.0103	
	6 .0267		• C169	.0152	.6145	.0143	• C142 ·	.:142	.0143	.0144	.0145	.0146	0147	
	7 .0283		·C252	.0206	·C191	.0154	·C182	.0183	.0163	.0164	-18185	.0187	.0188	
	8 .0344	•0312	•G323	•0280	•G238	.0224	·C217	·C216	.0217	.0218	.0219	.0221	.0222	
	9 .0397	• C346	.0316	·0326	.0286	• ů24 á	• C235	.6230 '	•0229	.0230	.0231	.0232	.0233	
	0 .0404	.0390	.0343	.0315	.0323	•0287	•0252	• 0241	•023Ġ	.0236	. 0237	.0237	.0239	. :
1	1 .0418	• 0397	.0363	.0340	.0313	.0321	•02ċ8	0256	.0246	.0241	.0241	.0242	.0243	. :
1	2 .0421	0413	.0392	.0375	. 3338	· 0314	.0321	• 02 90	•0261	.0251	.0248	-0247	.0248	
1	3 .0443	· C412	• 0403	.0384	• (372	.0333	. (310	.0317	.0269	.0261	.0252	.0249	.0249	
1	4 .0407	.0429	• C4 D O	.0392	.0373	•0362	.0326	· C304	.0311	.0284	.0259	.0250	.0247	
. 1	5 .0386	.0490	.C421	.0393	.0385	.0368	· C356	•G323	.0302	.0309	.0283	.0259	.0251	
_ 1	6 .0420	.0380	.0393	.0412	.0386	•037≥	• (362	.0351	.0319	.C300	.0306	.0282	.0259	
⁻ 1	7 .0373	•C413	• C374	.3387	• 0405 °	• 0,379	.0372	.0357	• 0347	.0316	•0298	• 03 04	.0251	
1	8 .0396	.0367	• C4 05	.9368	.J38C	• C397	•C373	.0366	.0351	.0342	.0313	.0296	.0301	,
1		.0391	.0363	•0399	.0363	•0375	· C391	·0368	.0362	. C348	.0335	.0311	.0254	
2	0 .0340	0,374	•03ê6	•3358	.0393	•0359	0370	•0386	• 0364	.0358	. 0344	.0336	.0309	
2	1 .0344	.0338	• C371	.0382	0356	0389	·C356	.0367	.0383	.0361	.0355	.0342	.0334	
2	2 .0345	.0342	. 0336	.0367	· £378	• 0352	• (3 ₈₅	6353	•C364	•0379	.0356	.0352	.D340	
2	3 .0331	•0339	.0337	.0331	0361	.0372	• C347	·0378	.0347	.0358	.0372	• G352	. 3347	
	4 .0301	.0327	.0333	0332	.0326	•0355	• C365	-0341	•0372	.0342	.0352	.0366	.0347	i
2	5 .0249	• 6297	• 6322	•032c	•G327	.0321	• C349	•C359	0336	.0365	.0337	· C346	·C360	
2	6 .0253	. C245	.0291	•G315	. 3321	.0315	. (314	• G3 41	• 6351	• 032£	.0357	.0329	• 6338	
2			.0243	.0285	.0311	•:317	·0316	.3319	.0337	.0346	•6324 °	.0352	.0325	
2			• 02 4, 4	.0239	. C282 .	.0305	· C310	.0309	. 6384 °	.0329	.0338	.0317	.G344	
2	9 .0182		• C2 3 4	•0238	. 0233	.0275	. 0297	•0302	.0301	.0296	.0321	. 0329	.0309	
	0 .3186		.0154	20202	0235	.0231	· 0271	•6293	.0298	.0297	.0292	.0316	.0325	
3	1 -0165		· C177	.0181	•€198	.0235	.0226	0265	.0266	.0290	.0298	.0285	.0308	
	2 .0175	·0162	.0175	.0174	- C177	-0194	· C224	•C220	.:258	.0278	• D283 ·	• J282,	.0277	
3	3 .0181	• C 173	•0160	.0176	.0171	•0174	.0190	•622C	.0216	.0253	.0272	• 0277	.0276	
_	4 .0152		.0169	.0156	• C172	•0167	. [170	.0186	.0215	.0211	. 0246	0265	•0269	;
. 3	5 .0182	•C148	ر 0172 •	•3165	•0153	.C168	. (163	.0166	•01≥1	0209	.0205	• 0239 ¹	•G257	
3	6 .0096	. •0178	.0145	•0165	-0161	•G149	.0164	.0160	•6163	•G177	.0204	.0200	. 6233	
	7 -0089	• G 094	.0173	•0141	.0164	.0157	·C145	•0159	.5155	.0158	.0172	.0198	-0194	
3		. C C & 6	.0092	-0168	• G137	•0159	.0153	-0141	•0155	·C151	.0154	.0167	•0192	
3	9 .0064	•0C71	·0C82	-3087	.0157	•0129	.0149	·C143	.0133	.0145	.0141	.0144	.0157	
4	0 .0057		.0066	.0076	.0080	•0145 ·	.0119	.0138	.0132	.0123	.0134	.0131	.0133	
4	1 .0201	·C201	.0204	0212	.0227	• i 242	· C312	.0340	.6378	. 04 02	-0411	• G4 2 E	.0436	
											_			



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APPENDIX II.6.3 (CONT'D)

									٠.				
			PROJECTED	NUMBER O	F ALL PUS	LICATIONS	AT A	. 01 GROWTH	RATE		_		
ROW	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
MED	35647	35974	36131	36279	36284	36246	35942	35810	35640	35558	35547	35512	35522
SUR Beh	13239	13240	13210	13124	13022	12275 4195	12696 4159	12502 4136	12285 4107	12064	11843	1162C 4061	11415
HOS	13628	13657	13636	13556	13441	13255	13127	12975	12817	12656	12591	, 12339	12165
BAS	3570	3934 71010	3685	3523	3760 79717	3699 75316	3629	3570 68993	3512 68361	3466 67831	3429 67394	3397 66930	3 3 7 1 66 5 4 9
ALL	70661	71010	71133	71005	77717	74316	65552	60773	60,361	. 67831	01334	86730	00 34
	1												
				,	PERCENT	AGE CHANG	E FROM 1	978					•
ROW	1979	1980	1981	1982	1983	1934	1985	1986	1987	1988	1989	1790	
MED	. 9	1.5	1.6	1.8	1.7	. e	.5	0	2.	3	4	4	
SUR	• <u>c</u>	- • 2	-•:	-1.6	-7.8	-4.1	-5.6 -1.0	-1.2	-8.9	-10.5 -, -2.5	-12.2 -2.7	-13.6 . -2.9	
8EH H0S	.7 •2	1.1	1.1 5	.3 -1.4	•5 -2•4	-3.7	-1.0	-117	-2.2 -7.1	-8.3	-9.5	-10.6	
BAS	9	-2.1	3.7	-5.3	-6.6	-9.6	-10-1	-11-5	-12.7	-13-6	-14.4	-15.1	
ALL	•5	• 7	• •5	. •1	5	-1-6	-2.4	-3.3	-4.0	-4.6	-5.3	-5.8	
			•			•							
		• .			PERCEN	TAGE CHANG	:F FDAY D	REVIOUS YE	- A R ·				
; Row	1979	1985	1981	1982	1093	1984	1985	1986	-	1988	. 1989	1990	
MED Sur	•9 •5	2	6	8	-1.1	e -1.4	4 -1.5	5 -1.7	2 -1.8	0 -1.8	1 -1.9	.0 -1.8	
BEH	.7	. •	. 0	3	3	- • 9	5	7	- • 6	-•3	3	1	-
HOS BAS	• 2 • • 9	-•2 -1•2	6 -1.6	b -1 - 7	-1.1 -1.6	-1.3 -1.9	(-1.2 -1.6	-1.2 -1.6	-1.2 -1.3	-1.2 -1.1	-1.3 5	-1.3 7	
ALL	.5	-1.2	2	12.4	J* • 6	-1.1	8	9	. 6	6	ŕ	6	•
		-		•									
			FRCJECTEC	D NUMBER (F SPECIAL	L PUBLICAT	IONS AT	A .0% GF	ROUTHRATE				
ROW	1978	1979	1980	1981	1962	1963	1964	1985	1986	1987	1988	1989	199
MEO .		17670	17750	17759	17717	17640	17455	17339	17217	17130	17077	17006	1676
SUR	29 07	2375	2835	2786	2738	2692	2644	2595	2542	2491	2444	2397	: 15
ВЕН	659	656	653	646	637 *	625 5955	613 5863	603 5779	594 5693	586 . 5618	530 5537	575 5457	57 536
HOS .	6229 2184	6213 2162	6172 2133	6105 2098	6039 2062	2036	1971	1959	1926	1903	1885	1668	185
ALL	29528	29576	29543	29394	25192	29942	26566	25275	27974	27728	27523	27304	2713
				·	-	-							
					PERCEN	TAGE CHAN	GE FROM 1	1978					
ROW	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	
MEO	• 7	1.1	1.2	1.0	•5	5	-1.2	-1.9	-2.4	-2.7	-3.1	-3.3	
SUR	-1.1	-2.5	-4.2	-5.8	-7.4	-9.0	-10.6	-12.6 -9.8	-14.3 -11.0	-15.9 -11.9	-17.5 -12.6	-16.9 -13.0	
BEH HOS	3	9 9	-1.9 -2.0	-3.3 -3.1	-5.0 -4.4	-6.9 -5.9	-8.3 -7.2	-8.6	-9.6	-11.1	-12.4	-13.6	
BAS	-1.0	-2.3	-3.9	-5 - 6	-7.1	-8-8	-26-3	-11.7	-12.6	-13.7	-14.5	-15.0	
ALL	. •2	• 1	5	-1.1	-2.0	-3.3	-4.2	-5.3	-6.1	-6.6	-7.5	-ŝ.1	
					PERCEN	TAGE CHAN	GE FROM 1	PEVIOUS Y	EAR				
ROW	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	
⊭ E0	•7		•1	2	4	-1.0		7	5	- • 3	4	2	
SUR	-1.1	-1.4 5	-1.7 -1.0	-1.7 -1.4	-1.7 -1.8	-1.2 -2.0	-1.9 -1.6	-2.0 -1.6	-2.0 -1.3	-1. ? -1.1	-1.9 8	-1.7 4	
8E H H0S	3	6	-1.1	-1.1	-1.4	-1.5	-1.4	-1 -5	-1.3	-1-4	-1.4	-1.4	
BAS	-1-0	-1.3	-1.6	-1 . 7 7	-1.6 9	-1.5 -1.3	-1.6 -1.0	-1.6 -1.1	-1•3 -•9	-1.0 7	6	7 6	
ALL	•2	1	5	,	~.7	-1.3	-1.0	-1.1		•		••	



APPENDIX II.6.4

			PUB	LICATIO	ON-PROD	UCTIVIT	Y-AT-	-PERCE	NT-DECR	FASE			
•		•	, ,						\ \				
			FREGLECTEE	NUMBER OF	F ALL PUP	LICAT : 04S	57 A	(* GROWIN	RA TS		•		
A C L	1776	1575	1580	1561	1982	1943	1994	1985	1986	1947	1988	. 1989	1461
•			35816	35710	35501	35241	74713	34356	33962	33659	33430	33181	12980
MED SER	35647 13737	35#00 12172	12073	12509	12727	12477	12252	11951	11647	11337	1102A	1071P	10428
H65	417e 1352e	4183 13584	4176 12485	4153 13323	4114 13124	12193	12638	3961 12399	3905 12154	3956 11909	3920 11665	3782 11418	3752 11179
Eas	3971	341)	2825	274£	-655	1364	3470	3394	3299	3228 63989	2167	3111 62210	3 06 1 61 402
4 L L	77661	70645	70382	65841	64151	68211	67963	66 0 5 1	64967	63444	67110	62210	61 774
			*										
					PERCENT	AGE CHATS	i ka04 16	7.9					
4 C F	1979	198G	1581	1582	1983	1984	1995	1996	1987	1048	. J olid	1990	
400	. 4	.5 -1.3	•2 •2•5	4 -1.9	-1.1 -5.6	-2.6 -7.6	-3.6 -2.7	-4.7 -12.0	-5.6 -14.4	-6.2 -14.7	-6.9 -19.0	-7.5 -21.2	
SUR HZH	-• 5 • 2	7.8	6	-1.5	-2.5	-4.0	-5.2	-6.5	-7.7	-9.5	-9.4	-1C.2	
6 7 2 6 7 2	: -1.5	-1.1 -3.4	-2.2 -5.6	-2.7 -7.9	-5.4 -10.1	-7.3 -12.5	-9.0 -14.7	-13.8 -16.9	-12.6 -18.7	-14.4	-16.2 -21.5	-10.0 -22.0	
411	0	4	-1.2	-2.2	-3.4	-5.1	-6.5	-R.1	-9 . 4	-13.7	-12.0	-13-1	i
											•		
					e FRCF N	IAGE CHANC	F FROM PR	EVIOUS YE	AR				
ROL	1979	1980	1561	1582	1983	1984	1965	1986	1987	1988	1909	1990	
×EC	• •	.0	3	6	7	-1.5	-1.7	-1.1	0	7	7	-•6	
SUR	5	F	-1.2	-1.4	-1.8	-7.1	-2.3	-2.5 -1.4	-2.7 -1.3	-2.7	-2.8 -1.0	-2.7 9	
9 E F	• 2 •• !	2 7	-1.2	5 -1.5	-1.0 -1.8	-1.6 -2.0	-1.2 -1.9	-2.0	-2.0	-2.0	-2.1	-7.1	
BAS	-1.5	-1.9	-2.3	-2.4	-:.4	-2.7	-2.5 -1.5	-2.5 -1.6	-2.2	-1.0 -1.4	-1.P -1.4	-1.5 -1.3	
ALL	0	4	8	-1.0	-1.7	-1 • ⁿ	-1-5	-1.07	-10.3	-1	•••		
						L PUPLICA			CWTHP4TF				
ROW	1976	1975	15 F D	1581	1982	1993	1964	1985	1586	1967	John	1989	100
₩ <u>E</u> ე	17545	17583	17567 2798	17474 2736	17324 2663	17117 2593	16940 2530	16612 2461	1637R 2390	161#1 2325	1602 C 225 4	15842 2189	1569
5U# 8 EH	2917 658	2657 653	645	634	620	615	597	573	553	3.47	916	5 2 P	52
HOS	6225 2194	6177 2192	£(99 2165	5 19 3 2 3 5 5	5887 2004	5762 1956	563 C 193 °	5506 1856	5340 1810	5266 1772	5145 1740	5027' 1710	165
ALL	29528	25417	25214	25666	29478	23.059	27401	27 0 0 B	26517	250P5	25695	25296	2 4 94
							•						
	٠.												
					PERCEN	TAGE CHAN	GE FPO# 1	9 7 E					
ROW	1979	1980	1581	1582	1783	1 4 64	1785	1986	1987	1988	1989	1990	
453	. 2	• 1′	4	-1.3	-2.3	-4.0 -13.0	-5.3 -15.3	-6.7 -17.8	-7.8 -20.2	-8.7 -22.5	· -9.7	-10.6 -26.7	
ec. eus	-1.7 9	- 3 • A - 2 • U	-6.1 -2.7	-6.4 -5.8	-10.7 -8.2	-10.4	-12.9	-15.1	-16.7	-18.5	-19.9	-20.8	
+ C S	:	12.1	-1.8 -5.9	-5.5	-7.5	-9-6	-11.5 -15.0	-13.6 -17.1	-15.5 -19.9	-17.4 -20.3	-19.3 -21.7	-21.1 -22.8	
3 T F	-1.7 4	-1.1 _	-2.2	-P.2 -3.5	-10.4 -5.0	-12.9	-8.5	-10.2	-11-7	-13.6	-14.3		
					00000	TAGE CHAR		afytniis v	F A D				
ROW	1979	1580	1581	1582	1983	1584 1584	17AS	1986	19.87	1788	1 gita	laag	
4 50	. 2	1	5	5	-1.1	-1.7	-1.4	-1 -4	-1.2	-1.0	-1.1	9	
SUR	-1.7	≒2-1	-2.4	-2.5	-2.4	-5.4	-2.7	-2.9	-2.9	-2.F	-2.5	-2.7	
BEH HOS	9 5	-1-2-	-1.7-	-2.2 -1.6	-2.5 -2.1	-2.3	-2 • 4 -2 • 2	-2.5 -2.3	-2.2 -2.1	-1.9 -2.3	-1.5 -2.3	-1 • ? -2 • 2	
645	-1.7	-2.0	-2.4	-2.5	-2.4	-2.9	-2.5	-2.5			-1.7	-1.5	
ALL	4	7	-1.1	-1.3		-2.0	-1.9	-1.8	-1.6	-1.5	-1.4	-1.4	

III. ACCESSION AND ATTRITION OF MEDICAL SCHOOL FACULTY WHO ARE RECENT PHYSICIAN GRADUATES

A. Introduction

The objective of this chapter is to review a number of indicators in an effort to assess whether faculty careers for MD graduates are becoming more or less preferred. The several approaches to this assessment use data from: research grant applications from the National Institutes of Health; the AAMC Faculty Roster System and the Liaison Committee on Medical Education; and publications of the American Medical Association. From these sources information was developed which is presented in the following order:

- The first section provides an estimate of the number of MD graduates of the 1964-1973 classes who have applied or vill apply to the National Institutes of Health or Alcohol, Drug Abuse and Mental Health Agency for research grant support (Exhibit III.1).
- The second section provides the number and percent of MD graduates of the 1967-1974 classes who accepted a faculty appointment at a U.S. medical school and the number of graduates of those classes who left U.S. medical school faculties. The annual accession and attrition figures for these faculty are presented, and the number and percent of these faculty who have engaged in research at the medical schools is also presented. The additional dimension of sex is provided for all accession.

years, and for selected years separate data are provided for each of the principal ethnic groups.

• The third section presents trend data, as reported to the American Medical Association, on all physicians in the U.S. whose primary activity is research (Appendix III.22). This can be compared to Faculty Roster data on the number of MD faculty at U.S. medical schools who participate in research (spending at least 10 percent of their time in this activity). These data are presented for selected years in Appendix III.23.

The results of each of these approaches are discussed in the following text.

Estimate of Research Participation by MD Graduation Cohorts

Estimation of participation on medical school faculties by successive graduating cohorts of American physicians gives one indication of trends in the perceived attractiveness and opportunities in academic medicine. Estimation of participation in medical research by successive graduating cohorts may indicate a trend in the growth and application of new medical knowledge. Such information about successive cohorts would add a new perspective to the widely discussed decline in MD's among new Principal Investigators (PI's), both relative to other degree holders and in absolute numbers.*

^{*}See, for example, <u>Clinical Research Manpower</u>, the <u>Report of the ad hoc Committee on Clinical Research Training</u>, Association of American Medical Colleges (February 1980), which contains references to other papers on the decline in MD investigators.

While more complete and current data are now becoming available, some data at hand, compiled for a recent study of educational influences on grant success,* permit an initial examination of the percentages of medical school graduation counts, from 1964 through 1973, who have applied to NIH for research support. As part of that study, all applicants to NIH or ADAMHA for new RØ1 grant support between 1968 and 1975 were matched by name and social security number with individual faculty member records on the AAMC Faculty Roster. The analysis was restricted to <u>first</u> applications by faculty members who earned MD's after 1963 or PhD's after 1965 (or both). As a result of the match, 765 MD's, 109 MD-PhD's, and 2,201 PhD's were identified and studied. Foreign MD's were <u>not excluded</u>. Unsuccessful first-grant applications were included. In Exhibit III.1, column A shows the numbers of matched MD's (including MD-PhD's) by year of graduation from medical school.

Column B of the exhibit shows the percentage of grant applicant cohort who would be expected to apply for a first ... ant between 1968 and 1975. The percentages are derived from a study by Douglass and James (Science, July 20, 1973) of the rate of entry of new principal investigators into the NIH research project grant system. They report an average interval of 11 years between medical school graduation and the beginning of a first research grant. The percentages in column B are interpolated from the entire distribution of elapsed-time-to-



^{*} Sherman, C.R. and Morgan, T.E., <u>Education Patterns and Research</u> <u>Grant Success of Medical School Faculty</u>. Washington, D.C.: AAMC, January 1979.

application for 219 new MD PI's, provided to us directly by Dr. James for this analysis. The percentages are adjusted at each end for restriction of the years of graduation in our study population and for recency of the grant application file (latest application: 1975) used in the match. It should be noted that the intervals estimated by Douglass and James are time-to-application of a first <u>successful</u> grant application, while our population may include MD's who applied, were unsuccessful, and did not apply again.

Column C of Exhibit III.1 presents estimates of the number in each graduation cohort who will ever apply to NIH for a research grant.

These estimates are derived by inflating the number of matched physicians in the cohort (column A) in two ways: first, by dividing the number applying (column A) by the expected fraction of those who will ever apply (column B); second, by dividing by .85 to account for incompleteness of the 1977 roster of faculty used to match with grant application records.

The total numbers of graduates of U.S. medical schools in each year from 1964 to 1975 are presented in column D. Finally, the ratio of columns C and D results in an estimate of the percentage of each graduation cohort who will ever apply for a research grant.

There appears to be a declining trend in research involvement of successive graduating classes of MD's, but several caveats must be offered. First, estimates for later years are based on very small numbers of matched faculty and are therefore less reliable than estimates

EXHIBIT III.1

ESTIMATION OF RESEARCH PARTICIPATION
BY SUCCESSIVE COHORTS OF GRADUATING MDs

	<u>A</u>	<u>B</u> *	. <u>C</u> *	<u>D</u>	<u>E</u> *
Year of MD Grad.	Number of Matched MDs or MD-PhDs	% Expected to Apply 1968-75	Est. No. in Cohort Who Will Ever Apply	No. Grads. in Entire U.S. Cohort	Est. % of Grad. Cohort Applying for RØl Grant
1964	238	59.9	467	7,336	6.4
1965	219	50.7	508	7,409	6.9
1966	144	41.5	408	7,574	5.4
1967	122	35.9	400	7,743	5.2
1968	70	, 26.5	311	7,973	3.9
1969	48	17.2	329	8,059	4.1
1970	26	7.8	392	8,367	4.7
1971	11	6.2	208	8;974	2.3
1972	4	4.6	102	9,551	1.1
1973	3	4.2	85	10,391	.8
1974	0	3.7		11,613	
1975	2	.0		12,714	·
			1		

^{*} See text for derivation.

for earlier years. Second, the interpolated and end-adjusted percentages of expected applicants, column B, are very sensitive to the distribution of time-to-application after receipt of the MD degree. Third, column A includes an unknown number of foreign-educated MD's, while column D includes only U.S.-educated physicians.

The Consolidated Grant Applicant File, prepared by the National Research Council for NIH, is just recently available, and as it contains records of all applications (successful and unsuccessful) from 1938 to 1978 sorted by individual applicant, it could now be possible to derive more satisfactory estimates of physician-cohort participation in the NIH research grant system. The file does not, however, contain date or place of graduation or professional degree. The Applicant file, matched with the AAMC Faculty Roster or some other source of data and place of receipt of the MD degree, would permit a more reliable and longer-term estimate of the trend in physician-cohort participation in research.

C. <u>U.S. Medical School Faculty Accession and Attrition for M.D. Graduating Classes</u>

The M.D. graduating classes of 1967 through 1974 were the target years for the development of the following statistics. A series of tables (Exhibit III.2 through III.9) display the annual number and percent of each year's graduates who received an appointment at a medical school, the number and percent departing and the number and percent of those who have remained on the faculty through 1980. Exhibit III.11 and III.12 provide graphs and summary statistics to

EXHIBIT III. 2

Number and Percent Distribution of 1967 Medical Graduates Accepting Medical School Faculty Appointments; — Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1967-1980

	<u> </u>		rior t			1967			1968			1969			1970			1971			1972			1973	
	Years since Graduation					0 '			1			2			٠ 3			4	0		5			6	
	•	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
- 1	First Appointments Cumulative Appointments	-6 	0.08	0.45	3	0.04 0.12			0.15 0.27	0.91 1.59	ì	0.08 0.35	0.45 2.04	59 86	0.76 1.11				10.95 17.45	e e		12.76 30.21			21.68 51.89
	Final Oeactivations Cumulative Deactivations	0			0			0			2 2	0.03 0.03	0.15		0.01	0.08	16 19	0.21 0.25	1.21	30 49	0.39	2.27	40	~\(\)	3.02 6.72
	Balance	6	0.08	0.45	9	0.12	0.68	21	0.27	1.59		0.32		83	ļ · .		212		16.01	351		26.51	598	, r	45.17

		1974	•		1975			1976			1977			1978			1979			1980*	,	Year	- Unkno	own
Years since Graduation		7	<u>-</u>		8 -	•		9			. 10			11			12	•		. 13				
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	<u>.</u>	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Çlass	Percent of Total Appointments•	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	273 <i>960</i>	l	20.62 72.51			13.75 86.25					0.52 16.26			Q.25 16.51	1.44	. 1-7	0.22 16.72	1.28 97.81		0.18	1.06	1		1.13
Final Deactivations Cumulative Deactivations	66 155		4.98	58 213		4.38 16.09		1.06 3.81	6.19 22.28	•		5.51 27.79		ĺ	3.10 30.89	44 453		3.32 34.21		0.39 6.24	2.27 36.48		0.04 6.28	0,23 36,71
Balance	805	10.40	60.80	929	12.90	70.17	924	11.93	69.79	891	11.51	67.30	869	11.22	65.63	842	10.87	63.59	826	10.67	62.39	838	10.82	63.29



EXHIBIT III. 3

Number and Percent Distribution of 1968 Medical Graduates Accepting Medical School Faculty Appointments; Ferminating Faculty Appointments; and Balance Remaining on Faculty by Year 1968-80

		rior r of M			1968			1969			1970		j	1971			1972			1973			1974	
Years since 🧀 Graduation 🔍			• .		0			1 .			2			3		-	4			5			6	
7	Number .	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Vumber	Percent of Class	Percent of Total Appointments	Number:	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	7	0.09	0.51 0.51	10 ·		0.73 1.25	9 26	0.11	0.66 1.90	19 45	0.24 0.56	1.39	64	0.80	4.69	121	1.52		185 _	。2.32	. 1882	279	3.50	20.44
Final Peactivations Cumulative Deactivations	0		7	0,	•		0			· 0			3	0.04	0.22	9	0.11	0.66 9.88		0.38	-2.20	35	0.44	2.56
Balance	7	0.09	0.51	17	0,21	1.25	26	0.33	1.90	45	0.56	3.30		1.33	١ ,] -	.373	0.53 4.68	3.08 27.33		0.97 7.74	5.64 45.20

,		1975			1976			1977			1978	,		1979		·	1980		Yea	r Unkn	own
Years since Graduation	L.	7;			8	•		9 '			10			11	-		12			_	
	Number /	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	یا	Percent of Class	Percent of Total Appointments
irst Appointments Cumulative Appointments	285 <i>979</i>		20.88	189 <i>1168</i>	1	13.85 85.57	93 1261	1	6.81 92.38	45	0.56 16.38		33	0.41		13	0.16	0.95	13	0.16	0.95
Final Geactivations Cumulative Denotivations Galance	_		10.11	94 232 936	1.18 2.91 11.74	17.00	85 317 944	3.98	6.23 23.22 69.15	65 382 924	0.82 4.79		459		5.64 33.62 64.47	496	0.46 & 22 10.74	36.34	498	-	0.15 36.48

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EXHIBIT III.4

Number and Percent Distribution of 1969 Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1969-1980

		Prior ar of			1969.			1970		•	1971			1972			1973			1974		·	1975	
Years since Graduation				•	0			1			2			3			4			5			6	
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments .	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class _	Percent of Total Appointments
First Appointments	5	0.06	0.36	6	0.07	0.43	15	0.19	1.09	35	0.43	2.53	75	0.93	5.43	198	2.46	14.34	255	3.16	18.46	287	3.56	20.78
Cumulative Appointments	5	0.06	0.36	11	0.14	0.80	26	0.32	1.88	61	0.76	4.42	136	1.69	9.85	33^	4.14	24.19	58 <u>.</u> 9	7.31	42.65	876	10.87	63.43
Final Deactivations	0		<u>.</u>	0	ļ		1.	0.01	0.07	. 0		ζ.	2	0.02	0.14	22	0.27	1.59	49	0.61	3.55	50	0.62	3 . 62
Cumulative Deactivations	0	ļ		0	*		1	0.01	0.07	1	0.01	0.07	3	0.04	0.22	25	0.31	1.81	74	0.92	5.36	124	1.54	8,98
Balance	5	0.06	0.36	11	0.14	0.80	25	0.31	1.81	60	0.74	4.34	133	1.65	9.63	309	3.83	22.38	515	6.39	37.29	752	9.33	54.45

7		1976			1977			1978			1979			1980*		Year	Unkno	wn
Years since Graduation		7			8			9			10			11"				
	Number.	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	237 1113		17.16 80.59			10.50 91.09		0.65	3.77 94.86		0.52 16.78	}		0.21 16.99	1.23 99.13		0.15 17.14	0.87 100.0
Final Deactivations Cumulative Deactivations	76 200		5.50 14.48		3.64	6.81 21.29	1	0.79	4.63 25.92		υ.79 5.24	4.63 30.56		0.62 -5.86	3.62 34.18		-5.86	34.18
Balance	913	11.33	66.11	964	11.96	69.80	952	11.81	68.94	930	11.54	67.34	897	11.13	64.95	909	11.28	65.82

EXHIBIT III. 5

Number and Percent Distribution of 1970 Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1970-1980

		rior i			1970			1971			1972			1973			1974			1975			1976	
Years since Graduation			Τ		0	,		1			2			3			4		·	5	:		6	1 .
	Number	Percent of Class	Percent of Total Appointments	Rumber	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Glass	Percent of Total
First Appointments Cumulative	7	0.08	0.54	5	0.06	0.38	31	0.37	2.38	18	0.22	1.38	70	0.84	5.38	189	2.26	14.53		2.98	19.14	283		1
<i>Appointments</i> Final	7	0.08	0.54	12	0.14	0.92	43	0.51	3.31	61	0.73	4.69	131	1.57	10.07	320	3.82	24.60	569	6.80	43.74	852	10.18	65.48
Deactivations Gumulative	0			. 0	5		0			2	0.02	0.15	10	0.12	0.77	16	0.19	1.23	54	0.65	4.15	71	0.85	5.46
Deactivations				0			0			2	0.02	0.15	12	0.14	0.92	28	0.33	2.15	82	0.98	6.30	153	1.83	11.76
Balance	7	0.08	0.54	12	0.14	0.92	43	0.51	3.31	59	0.71	4.53	119	1.42	9.15	292	3.49	22.44	487	5.82	37.43	699	8.35	53.73

		1977			1978			1979	. ;		1980	,	Yea	ır Unkr	own
Years since Graduation		7			8			9	1	-	10				
First Appointments Cumulative	Number -	Percent of Class	Percent of Total Appointments	Number 111	Percent of Class	Percent of Total	Number .	Percent of Class	Percent of Total Appointments		Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
Appointments	1093	13.06	84.01	1210	14.46	93.01	1269	15.17	97.54	1280	15.42	99.15		15.55	
Final Deactivations Cumulative Deactivations	92 245	1.10 2.93	/.07 18.83	66 311	0.79 3.72	5.07 23.90	75 386	0.90 4. <i>8</i> 1	5.76 29.67	36 422	0.43 5.04	2.77 32.44	0 422	5.04	32.44
Balance	848	10.14	65.18	899	10.74	69.10	883	10.55	67.87	868	10.37	66.72	879	10.51	67.56

EXHIBIT III. 6

Number and Percent Distribution of 1971 Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1971-1980

-		rior to			1971			1972			1973	·		1974		_	1975			1976			1977	
Years since Graduation			,		0			1 .			2			3			4			5		·····	6	· · ·
	Number ,	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Cass	Percen⁺ of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class .	Percent of Total Appointments	Number .	Percent of Class	Percent of Total Appointments	Number	Fercent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	9 <i>9</i> ·	0.10 <i>0.10</i>	0.67 a 67	37 46	0.4] a.51	2.77 3.45	22 68	0.25 0.76	1.65		0.36	2.40 7.49	102 202		7.64 15.13	ł	1	17.15 32.28	302 733	,	22.62 54.91		2.E1 10.98	18.88 73.78
Final Deactivations Cumulative Deactivations Balance	0 0 9	0.10	0.67	1 1 45	0.01 0.01 0.50	0. L7 0. 07 3. 37	2	0.01 0.02 0.74	0.07 0.15 4.94	18	0.18 0.20 0.91	1.20 1.35 6.14	34	0.8 0.38	1.20 2.55 15.58	26 <i>80</i> 371	0.29 0.67 4.13	1.95 4.49 27.79	73 133 600	0.81 1.48 6.69	·	200		5.02 14.98 58.80

		1978			1979			1980*		Year	· Unkno	own
Years since Graduation		7			8			. 9				_
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent, of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	192 1177	2.14 13.12	14.38 88.16		1.16 14.27		•	0.49 14.76	3.30 99.25	10 1335	0.11 14.87	0.75 100.0
Final Deactivations Cumulative Deactivations	89 289	0.99 3.22	6.67 21.65	73 362		5.47 27.12	46 408	0.51 4.55	3.45 30.56	0 408	4.55	30.56
Balance	888	9.90	66.52	919	10.24	68.84	917	10.22	68.69	927	10.33	69.44

EXHIBIT III. 7

Number and Percent Distribution of 1972 Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1972-1980

	Ye	Prior ar of	to M.D.		1972			1973			1974			1975			1976			1977			1978	
Years Since Graduation					0			1			2			3			4	• • •		5			6	
	Number	Percent- of Class	Percent of Total Appointments	Rumber	Percent of Class	Percent of Total Appointments		Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	5. g.	0.09	0.66	30 39	0.31	2.19 2.85		0.13			0.34	2.34	191	2.00	13.94	297	3.11	21.68	366	3.83	26.72	203	2.13	14.82
Final Deactivations Cumulative	0		-	0	01	2.00	0	0.55	3:72	<i>83</i> 5	0.87	6.06 0.36	<i>274</i> 13	٠	0.95	571 44	0.46	41.68 3.21	937	9.81 0.89	68.39 6.20			
Deactivations Balance	<i>0</i> 9	0.09	0.66	39	C.41	2.85	<i>o</i> 51	0.53	3.72	5 78	0.05 0.82	0.36 5.69	18 256		1.31 18.69	62 509	0,65 5 33	4.53 37.15	147 790		10.73			17.15
														2.00		303	.,. 55	57.13	730	0.2/	57.66	905	9.48	66.06

				_					
		1979	7		1980*		Yea	ır Unkn	own
Years since Graduation		7	1		8				
	Number	Percent of Class	Percent of Total	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative	141	1.48	10.29	72	0.75	5.26	17	0.18	1.24
.Appointments	1261	13.41	93.50	1353	14.17	98.76	1370	14.34	100.0
Final Deactivations Cumulative	91	0.95	6.64	, 51	0.53	3.72	. 0	,	
Deactivations	326	3.41	23.80	377	3.95	27.52	377	3.95	27.52
Balance	955	10.00	69.71	976	10.22	71.24	993	10.40	72.48

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EXHIBIT III. 8

Number and Percent Distribution of 1973 Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1972-1980

	P Yea	rior t r of M	o . D.		1973			1974			1975		-	1976			1977_			1978		·	1979	::
Years since Graduation					0			1			2	· .		3			4			5			6:	
-	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Totál Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	14 14	0.13 0.13	1.12	24 38	0.23	1.91 3.03	18	0.17 0.54	1.44	34 90	0.33	2.71 7.18			14.83 22.01			24.88 46.89	321 909	3.09 8.75	25.60 72.49		2.20 10.95	18.26 90.75
Final f Deactivations Cumulative Deactivations	0			1	0.01 a.01	0.08 0.08		0. 07 0. 08	0.56 0.64	4	0.04	0, 32 0, 96		0.14 0.26	1.20		0.48 0.74	3.99 6.14	91 <i>168</i>	0.88	7.26 13.40		0.86 2.47	7.10 20.49
Balance	14	0.13	1.12	37	0.36	2.95	48	0.46	3.83	78	0.75	6.22	249	2.40	19.86	511	4.92	40.75	741	7,13	59.09	881	8.48	70.26

		1980*		Year	Unkno	wn
Years since Graduation		7				
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	104 1242	1.00 11.95	8.29 99.04	12 1254	0.12	
Final Deactivations Cumulative Deactivations	56 313	0.54 3.01	4.47 24.96	0 313	3. 01	24.96
Balance	929	8.94	74.08	941	9.06	75.04

EXHIBIT III. 9

Number and Percent Distribution of 1974 Medical Graduates Accepting Medical School Faculty 3000 intments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1974-1926

		rior t r of M			1974			1975			1976	,		1977		;	1978			1979			1980*	·
Years since Graduation	<u> </u>				0			1	<u>.</u>		2			3			4			5			6	
e .	Kumber	Percent of Class	Percent of Total Appointments —	Number	Percent of Class	Percent of Total Appointments	er.	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Fercent of Glass	Percent of lotal Appointments	Number	Percent of Class	Percent of Total Aggainfaments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	: 17 <i>17</i>	0.15 2.15	1.65 1.65		0.09	1.07 2.72		0.13 <i>0.37</i>	1.46 4.18		0.22	1			18.09 24.71)	25.88 50,88	315		30.64 81.23	l		17.12 98.35
Final Deactivations Cwmulative Deactivations	0			1	0:01 0:01	0.10 0.10		0.01	0.10	5 6	0.04 0.05	.49 .58	14 20	0.12		1	0.48	3.50 6.44	5		7.88 13.33	1 1	0.53 1.70	5.93 19.26
Balance	17	0.15	1.65	4 7	0.23	2.63	42	0,36	4.09	62-	0.53	6.03	234	2.01	22.76	464	4.00	45.14	590	5.01	67.90	813	7.00	79.09

·	Yea	r Unkr	lown
Gars since Graduation			
	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	17	0.15 8.85	1.65
Final Deactive 10:.s Cumulative Deactivations	0 198	1.70	19: 26
Balance	-830	7:15	80.74

assist in comparing the different patterns of the graduating classes.

For each of these classes separate tables to display the information by the sex of the graduate were also developed. For more recent graduating classes, it was also possible to further refine the data by ethnic group - Black, Asian, and Caucasian (Appendix III.17 through III.29). The other ethnic groups contained too few M.D. graduates receiving a faculty appointment for meaningful comparison.

Total M.D. Graduates Faculty Accession and Attrition

Exhibit III.10 shows that the median number of years for all physicians between graduation and a first faculty appointment, for all physicians who ever receive faculty appointments, is between six and seven years. For the target years of this study, Exhibit III.11 and Exhibit III.12 display the percent of the specific graduating classes acceeding to faculty positions at yearly intervals following graduation. This data shows that in the early years after graduation there are very definite differences in appointment rates of different graduating classes. The class of 1972 appears academically oriented, since 9.8 percent of those physicians were appointed to medical school faculties within five years of graduation. This is nearly twice the rate of the class of 1967 (5.2 percent) and substantially higher than the class of 1974 (7.2 p-rcent).

As the class matures, these differences diminish, suggesting that the ultimate outcome is not very different from class to class.

If we consider appointments within seven years of graduation, the figures are 13:4 percent for 1972 and 12.4 percent for 1967, a difference not

CUMULATIVE PERCENT OF FULL-TIME NEW HIRE M.D. AND M.D./Ph.D. FACULTY
BY YEARS SINCE RECEIVING M.D. DEGREE

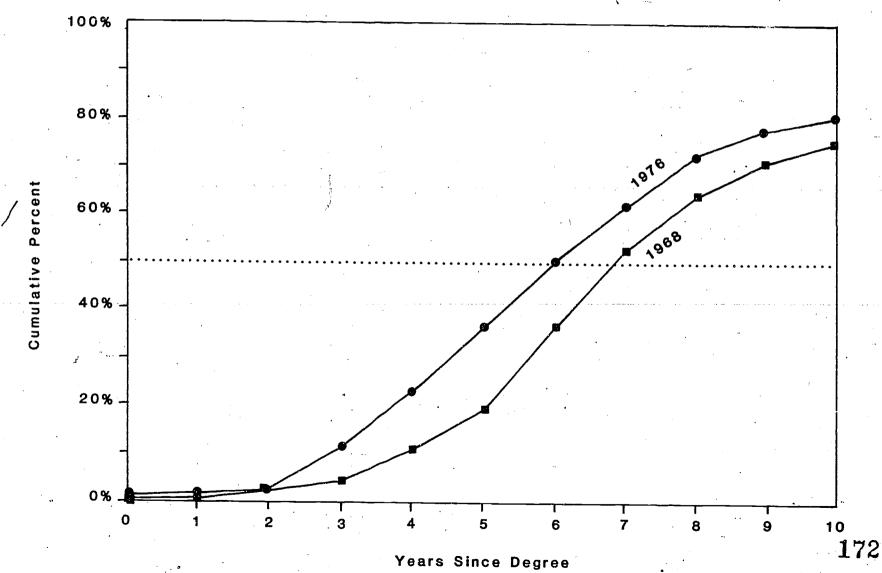
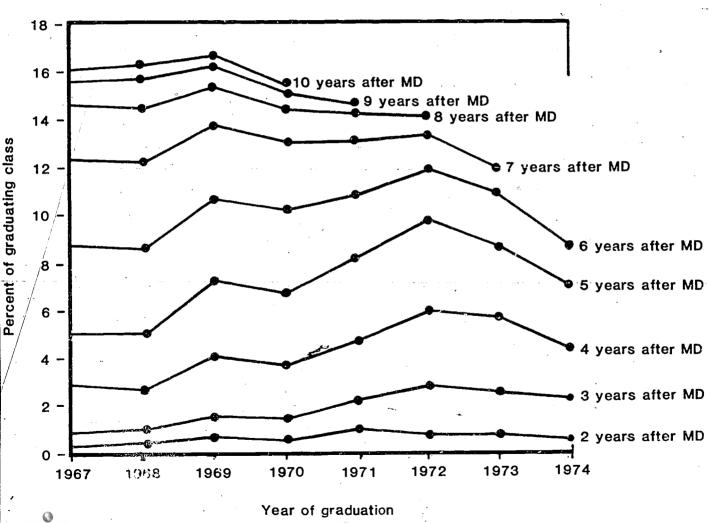


EXHIBIT TIL. 11

PERCENT OF MEDICAL SCHOOL GRADUATING CLASS RECEIVING FACULTY APPOINTMENTS WITHIN N YEARS





rEXHIBIT III. 12

PERCENT OF MEDICAL GRADUATING CLASS

RECEIVING FACULTY APPOINTMENTS

Years Following Graduation

	2	3	4	5	6	7	8	9	10
Graduation Year	% of Class								
1967	0.35	1.11	2.98	5.17	8.87	12.40	14.75	15.74	16.26
1968	0.48	1.23	2.88	5.21	8.70	12.28	14.65	15.82	16.38
1969	0.93	1.69	4.14	7.31	10.87	13.81	15.61	16.26	16.78
-1970	0.73	1.57	3.82	6.80	10.18	13.06	14.46	15.17	15.42
1971	1.11	2.25	4.80	8.17	10.98	13.12	14.27	14.76	
1972	0.87	2.87	5.98	9.81	11.94	13.41	14.17		
1973	0.87	2.66	5.66	8.75	10.95	11.95			
1974	0.59	2.19	4.48	7.19	8.71				



nearly so striking. It appears that faculty careers were delayed for the class of 1967 relative to the class of 1972, perhaps because of the greater training opportunities or the requirements of the doctor draft (terminated in 1973).

Exhibit III.ll also shows that the higher faculty accession rates of the early seventies were foreshadowed by appointment rates as few as two years after receipt of the M.D. Thus, those statistics may be used as early warnings of a decline in interest or ability to secure faculty positions.

2. Male/Female Faculty Accession and Attrition

Appendix III.1 through III.16 display the male and female composition of the graduates who received faculty appointments. Although for all years the number of females joining the faculty is substantially lower than the number of males, a greater proportion of the female graduates receive faculty appointment. The following (Exhibit III.13) displays the cumulative number and percent of the male/female graduates who received a faculty appointment. It is apparent from this table that a higher cumulative percentage of the female graduates receive faculty appointments for every year. For the four classes for which ten years have elapsed, over 55 percent of the females who had received a faculty appointment within the 10 years did so within five years of graduation, as compared to 40 more. Or less of the male graduates.

The difference is even more striking in light of the fact that the female graduates not only join the faculty earlier but their attrition

EXHIBIT III, 13

CUMULATIVE NUMBER AND PERCENT OF MALE/FEMALE GRADUATES RECEIVING FACULTY APPOINTMENTS BY CLASS YEAR

Faculty Appointments in Years Following Graduation

Year of Graduation		: - ·	2 .			3	3			4	,				5	•		(5	
	Ma	le.	Fer	nale	. Ma	le e	F,e	male	Ma	le î	Fen	na 1 e	Ma	1e	Ferr	ale	Ma	le	Fema	ıle
		%	#	<u></u> %	#	%	#	%	#	%	'#	%	#	<u> </u>	#	<u> %</u> _	# -	%	#	%
ly.	23	0.3	4	0.7	,66	0.9	20	3.4	182	2.5	49	8.4	315	4.4	85	14.6	581	8.1	106	18.2
1968	35	0.4	10 .	1.6	90	1.2	19	3.0	182	2.4	48	7.5	319	4.3	95	14.8	579	7.9	114	17.8
1969	57	0.7	4	0.7	117	1.5	19	3.1	293	3.9	41	6.8	519	6.9	70	11.5	786	10.5	90	14.8
1970	55	0.7	6	0.9	113	1.4	18	2.6	254	3.3	66	9.4	456	5.9	113	16.1	716	9.5	136	19.4
1971	92	1.1	8	1.0	174	2.1	28	3.4	343	4.2	87	10.5	596	7.3	136	16.4	819	10.0	165	20.0
1972	77"	0.8	6	0.7	% 232	2.6	42	4.9	478	5.5	93	10.8	800	9.2	136	15.8	984	11.3	155	18.0
1973	. 82	0,8	8 -	0.9	242	2.5	34	3.7	516	5.4	72	7.8	800	8.4	108	11.7	1,006	10.6	131	14.2
1974	55	0.5	13	1.0	212	2.0	42	3.4.	427	4.1	92	7.4	705	6.8	129	10.4	863	8.3	146	11.7

Faculty Appointments in Years Following Graduation

Year of Graduation			7			. 8	3		ı	<u> </u>)		•	1	0	
01 444 4 C 1011	M	ale	Fem	ale	Ma	le ^r	Fen	na 1 e	. Ma	le .	Fe	nale	Ma	,le	' F€	ema 1 e
	#	%	#	%	#	%	#	%	#	, %	# .	%	#	<u> </u>	#	%
1967	839	11.7	121	20.8	1,016	14.1	126	21.6	· 1,091	15.2	128	22.0	1,128	15.7	131	22.5
1968	848	11.5	130	20.3	1,030	14.0	137	21.4	1,119	15.2	.141	22.0	1,157	15.7	. 148	23.1
1969	1,013	⁸ 13.5	100	16.5	1,148	15.4	017	18.1	1 ,195	16.0	115	18.9	1 ,233	16.5	119	19.6
1970	.945	12.3	147	21.0	1,059	13.8	150	. 21.4	1 ,113	14.5	155	22.1	1,132	14.7	157	22.4
` 1971	1,000	12.2	176	21.3	1,095	13.4	185	£22.4	1,135	13.9	189	22.9				
1972	1,110	12.7	168	19.5	1,178	13.5	172	20.0	,				,			
1973	1,103	11.6	138	14.2												
1974		-								;	,					



EXHIBIT III. 14

CUMULATIVE NUMBER OF M.D.'s WHO RECEIVED FACULTY APPOINTMENTS BY MALE, FEMALE, AND PERCENT FEMALE

Years Following Graduation

	 _		6	•	_		7		•	<u>. </u>	8	_			9)	0	
	Yr. of Grad.	Total Appts.	М	_ F	%F	Total Appts.	М	F	%F	Total Appts.	M .	F	%F	Total Appts.	M	F	%F	Total Appts.		F	%F
	1967	687	581	106	15.4	960	839	121.	12.6	1,142	1,016	. 126	11.0	1,219	1,019	128	10.5	1,259	1,128	131	10.4
	1968	694	579	114	16.4	979	848	130	13.2	1,168	1,030	137	11.7	1,261	1,119	141	11.1	1,306	1,157	148	11.3
	1969	876	786	90	10.2	1,113	1,013	100	8.9	1,258	1,148	110	8.7	1,310	1,195	115	8.7	1,352	1,233	119	8.8
ا د	1970	852	716	136	15.9	1,093	945	147	13.4	1,210	1,059	150	12.3	1,269	1,113	155	12.2	1,290	1,132	157	12.1
	1971	985	819	165	16.7	1,177	1,000	176	14.9	1,281	1,095	185	14.4	1,325	1,135	189	14.2				
	1972	1,140	984	155	13.5	1,281	1,110	168	13.1	1,353	1,178	172	12.7		 A						
	1973	1,138	1,006	131	11.5	1,242	1,103	_138	11.1						2,						
	1974	1,011	863	.146	14.4										·						

Years Following Graduation

•		3 .		1		5	6		7	•	8		9	- '	(4)	
Year of	М	F	М	F	М	Ę	M .	F	М	F	М	 F	М	я.	М	ŗ
Graduation	Rate	%	Rate	%	Rate	%	Rate	%	Rate	%	Rate	ĭ	Rato	%	Rate	x
1967	4.7	0 -	23.8	5.0	15.8	8.3	12.5	6.2	11.7	7.2	7.8	2 .£	9.1	6.6	9.5	10.8
1968	5.7	10.0	9.0	5.5	14.5	10.8	10.9	4.5	9.5	10.6	11.8	6.4	3.1	8.3 (6.8	6.7
1969	3.5	: 0	18.4	5.2	16.3	12.5	9.7	9.3	10.5	6.4	10.2	10.8	6.9	3.5	7.0	3.4
1970	16.9	16.6	14.7	5.8	19.7	14.0	14.2	15.6	13.5	11.0	8.1	5.5	8.3	8.5		**
1971	20.7	0	18.1	0	20.9	15.4	11.6	9.1	12.0	7.9	8.1	8.6	4.9	5.1	 	
1972	16.4	20.0	16.6	20.0	17.6	12.0	11.5	8.6	10.3	8.0	5.4	4.6				
1973	21.4	0	21.3	11.7	18.9	10.2	12.5	8.2	5.8	9.8						
1974	22.0	25.0	14.2	21.0	18.0	15.0	8.7	8.5								, -
Average Rate	13.9	9.0	17.0	9.3	17.7	12.2	11.5	8.7	10.5	8.7	8.6	6.3	7.6	6.4	6.3	5.9

PERCENT OF CLASS REMAINING ON FACULTY AFTER FIVE TO EIGHT YEARS

Number of Years Following Graduation	1967	1968	1969 ·	1970	.1971	1972	1973	1974
Five Years	4.53	. 4.68	6.39	5.82	6.69	8.27	7.13	6.01
Six Years	7.72	7.74	9.33	8.35	8.75 °	9.48	8.48	7.00
Seven Years	10.40	10.55	11.33	10.14	9.90.	10.00	8.94	
Eight /ears	12.00	11.74	11.96	10.74	10.24	10.22		
•			1					·



rate is less than the males in each of the years studied (Exhibit III.15).

In order to place the percentage of female faculty in context, Exhibit III.14 provides the total number of graduates who received a faculty appointment within six to 10 years after graduation for the males and females and the percent of the total faculty that is female. The class of 1971 has the largest fraction of females receiving appointments at the 6th, 7th and 8th year intervals.

The attrition rate of the faculty from the graduating classes in this study are shown in Exhibit III.15. The annual rate of deactivation of male and female faculty for all of these classes is presented by number of years since graduation. The rate of attrition of the male faculty is substantially higher for each of the years than for their female counterparts.

The fraction of the graduating class remaining on the faculty after five to eight years is shown in Exhibit III.16. There appears to be a decline in the percent of graduates who remain faculty members after the seventh and eighth year.

3. Accession and Attrition of Black and Asian Ethnic Groups.

Exhibits III.17 and III.18 are summary tables of the black and the Asian graduates of the 1971-1974 classes receiving faculty appointments. Separate tables containing the accession and attrition data for these ethnic groups are contained in Appendix III.17 through III.29.

The number of black graduates from the 1973 and 1974 classes

EXHIBIT III.17

PERCENT OF BLACK MEDICAL GRADUATING CLASS RECEIVING FACULTY APPOINTMENTS

Years Following Graduation

.*		1	2	3	4	5	6	7	8	9	10
	Graduation Year	Percent of Class Number of Class	Percent of Class								
	1971	0.6 (1	0.6 1	1.1 2	3.9 7	5.6 10	7.8 14	10.0 18	10.6 19	10.6 19	
	1972			1.3 3	3.5 8	5,7 13	6.1 14	6.1 14	6.6 15		
	1973	0.6 2	1.2 4	2.6 9	3.8 13	6.8 23	7.4 25	7.9 27			
	1974	0.6 3	0.6 3	1.8 9	3.5 18	4.3 22	4.5 24				
		,		•		<u></u> _	<u> </u>	<u> </u>	L	_	



EXHIBIT III.18

PERCENT OF ASIAN MEDICAL GRADUATING CLASS RECEIVING FACULTY APPOINTMENTS

				· ·				Year	s Foll	owin	ng Grad	luati	on .	•							
	1	* 	2) -	3		4		5		, 6		7		.8	;	9)	10	0	
Graduation Year	Percent of Class	Number of Class																			
1971	0.8	1	1.6	2	4.8	6	9.7	12	15.3	19	17.7	22	18.5	23	18.5	23	18.5	23			İ
1972	0.8	1	0.8	1	3.2	4	6.4	8	9.6	12	9.6	1,2	11.2	14	11.2	14			<u></u>		ļ
19 73	0.8	1	1.6	2	2.4	3	4.8	6	6.5	. 8	8.1	10	8.9	11.							
1974	1.7	3	3.3	6	5.6	10	8.3	15	10.0	18	11.1	20									

that have received a faculty appointment within five years has more than doubled compared to the class of 1971 (180 in 1971 and 511 in 1974). However, as a percent of their total number in the graduating class there is a noticeable decline (Exhibits III.17 and III.24).

The percent of Asian graduates of the 1972 through 1974 classes receiving a faculty appointment is less than for the 1971 class, although there are a greater number of M.D. graduates in that ethnic group in these later class years.

4. Research Involvement of the Faculty

Exhibits III.19 and III.20 display the percent of the total M.D. graduates who became faculty, currently active or inactive, and who engaged in research at a medical school. The involvement in research is defined as research being at least one responsibility of the faculty member. To determine the number and percent involvement for each of the classes, both the active and inactive faculty need to be considered. Exhibit III.21 is a summary table which includes data for the percent of research involvement of the graduates who have ever belonged to a medical school faculty. By 1980, M.D. faculty from the 1967 class who were involved in research accounted for 59.6 percent of those current or former faculty members, whereas by 1980 current or former M.D. faculty from the 1974 class involved in research accounted for 52.9 percent.

The data for the 1967 class encompasses 13 years since the graduating year, allowing a greater opportunity for a faculty appointment



EXHIBIT III.19

Medical Active Faculty by Class Year 1957-1976
by the Number and Percent Involved in Research Activities

									M.D.	's BY CI	LASS Y	EAR		.,						
	19	57	19	58	19	59	19	60	19	51	19	62	19	63	19	64	19	65	190	56
LEVEL OF RESEARCH ACTIVITY	Number	Percent	Number	Percent	Number	Percent	Numb€	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Research as Primary Responsibility	29	4.6	· 18	2.8	27	4.0	33	4.5	27	3. 3	33	4.2	30	4.0	33	4.7	35	4.2	39	4.7
Research as One Responsibility	395	63.3	392	61.2	449	66.5	437	60.1	439	61.5	198	63.0	452	60.9	433	62.2	507	60.6	477	57.7
Not Engaged In Research	179	28.7	214	33.4	183	27,.1	229	31.5	219	30.7	233	29.5.	233	31.4	201 ′	28.9	250	29.9	272	32.9
No Information	21	3.4	16	2.5	16	2.4	28	3.9	29	4.1	26	3.3	27 :	3.6	29	4.2	44	5.3	38	4.6
TOTAL M.D.'s FROM CLASS	624	100.0	640	100.0	675	100.0	727	10go.o	714	100.0	790	100.0	742	100.0	· 696	100.0	836	100.0	626	100.0

							: .		M.D.	's 8Y C	LASS Y	EAR		<u>_</u>					·	•
	19	67	.19	68	19	69	19	70	19	71	19	72	19	73	19	74	19	75	19	76
LEVEL OF RESEARCH ACTIVITY	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Research as Primary Responsibility Research as One Responsibility	43 496	5.1 59.2	485	5.4 55.9	54 528	5.9 - 58.0	51 483	5.8 54.9	53 512	5.7 55.2	52 575	5.2 57.9	45 531	.4.8 56.4	28 437	3.4 52.7	2Q- 279	3.3 45.4	14 145	3.9
Not Engaged Ir Research No Information	261 38	31.1	287 48	33.1 5.5	276 52	30.3 5.7	309 36	35.2 4.1	331 -	35.7 3.3	335 31	33.7 3.1	331 34	35.2 3.6	333 32	40.1 3.9	289 27	47.0 4.4	192	53.
TOTAL M.D.'s FROM CLASS	838	100.0	867	100.0	· 910	100.0	879	100.0	927	100.0	993	100.0	941	100.0	830	100.0	615	100.0	359	100.

EXHIBIT III.20

Medical Inactive Faculty by Class Year 1957-1976 by the Number and Percent Involved in Research Activities

				•	,				M D.	's BY C	LASS Y	EAR		-			•			
	19	57	199	58	199	59	190	50	190	51	190	52	19	73	- 190	54	190	55	190	66
LEVEL OF RESEARCH ACTIVITY	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number .	Percent	Number.	Percent	Number	Percent	Numbèr	Percent	Number	Percent	Number	Percent
Research as Primary Responsibility.	4 '	1.5	. 8	2.7	5	1.5	13	3.7	6	1.5	9	2.0	8.	1.6	11	2.2	14	2.8	13	2.4
Research as One Responsibility	123	46.1	145	49.0	160 ₄	49.2	152	42.7	187	47.8	218	47.7	235	46.5	260	52.2	233	47.1	271	49.9
Not Engaged In Research	94	35.2	87,-	29.4	90.	27.7	121	54.0	130	33.2	146	31.9	· 196	38.8	176	35.3	202	40.8	223	41.1
No Information	46	17.2	56	18.9	70	21.5	70	19.7	68	17.4	84	18.4	66	13.1	51	10.2	46	9.3	36	6.6
TOTAL M.D.'s FROM CLASS	267	100.0	296	100.0	325	100.0	356	100.0	391	100.0	457	100.0	505	100.0	498	100.0	495	100.0	543	100.0

•							•	_	M.D.	s BY C	LASS Y	EAR _								
·	.19	67	19	68	19	69	19	70	197	71	.19	72	19	73	19	74	19	75	19	76.
LEVEL OF RESEARCH ACTIVITY	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Research as Primary Responsibility Research as	9	1.9		3.0	•	2.1	15	3.6	: 9 <u>}</u>	'	10	2.7	9	2.9	2	1.0	<i>,</i> •	1.4		0.0
One Responsibility Not Engaged In Research	242	49.8	250 209	42.0	222	47.0	189	44)8	191	46.8	\	42.7 50.9	127 168	53.7	110	38.9 55.6	·	62.6	16 39	28.6 69.6
No Information	19	3.9	. 24	4.8	21	4.4	17	4.0	8	2.0	14	3.7	. 9	2.9	9	4.5	7	4.8	1	1.8
TOTAL M.D.'s FROM CLASS	486	100.0	498	100.0	472	100.0	422	100.0	408	100.0	377	100.0	313	100.0	198	100.0	147	100.0	56	100.0



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· · · · · · · · · · · · · · · · · · ·	1967	1968] 969	1970	1971	1972	1973	1974 ـ
Size of M.D. Graduating Class	7743	7973	8059	8367	8974 ⁻	9551	10391	11613
Number Receiving Faculty Appointment	7324	1365	1382	1301	1335	1370	1254	1028
Number Involved in Résearce	. 790	797	814	750	765	798	712·	544
Percent Involved in Research	59.6	58.3	58.9	57.6	57.3	58.2	56.7	52.9

than for the class of a later year. For a more useful comparison of these faculty cohorts, it would be necessary to compute the number of faculty with research involvement at a specific maturity, such as five years after graduation. This would require a faculty responsibility history, which is not maintained by the Faculty Roster. Such an analysis was not within the scope of this contract.

The number of M.D. graduates of the 1967-1974 classes that received a medical school appointment in comparison to the total size of the classes is shown in Exhibit III.21. Due to graduate medical education following the M.D. degree, M.D. graduates who accept faculty positions typically receive an appointment at a medical school six to seven years following the M.D. degree, and applications for research grants are filed one to seven years after that. In this study no class had the opportunity for the full maturation period. An analysis could be prepared based on a current grant application data base.

D. Total U.S. Physician Research Activity

Exhibit IIY.22 provides figures from the American Medical Association (AMA) for the number and percent of all M.D.'s in the United States. whose primary activity is research and for those whose primary activity is teaching for the years, 1970 through 1978.

The figures for M.D.'s on the medical school faculty as reported, to the Association of American Medical Colleges for 1974-75, 1975-76, and 1977-78 are presented in Exhibit III.23. These numbers and percents represent faculty who are primarily engaged in research or teaching

EXHIBIT III.22

NUMBER AND PERCENT OF M.D.'S IN THE U.S. WHOSE PRIMARY ACTIVITY IS RESEARCH OR TEACHING 1970-1978*

r	Activity of MD's"	1970	1971	1972	1973	1974	. 1 97 5	1976	1977	1978
	Number Involved in Research Activity	11,929	10,898	9,290	8,332	8,159	7,994	8,514.	1	11,437
	Percent Involved in Research Activity		3.16	2.60	2.27	2.14	2.01	2.07	2.32	2.61
•	Number Involved in Teaching	5,588	5,844	5,636	6,183	6,464	6,445	6,935	6,673	7,025
	Percent Involved in Teaching	1.67	1.69	1.58	1.69	1.70	1.64	1.69	1.58	1.61
	TOTAL M.D.'s	334,028	344,823	356,534	366,379	379,748	393,742	409,446	421,278	437,486

^{*} Physician Distribution and Medical Licensure in the U.S., 1978, American Medical Association, 1979.



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EXHIBÎT III.23

NUMBER AND PERCENT OF FULL-TIME M.D. FACULTY AT U.S. MEDICAL SCHOOLS WITH RESEARCH OR TEACHING ACTIVITY 1974-75, 1976-77, 1977-78*

Activity of MD's	1974-75	1976-77	1977-78
Number Involved in Research	14,187	14,244 🚉	14,970
Percent Involved in Research .	58.5	63.8	61.6
Number Involved in Teaching	22,698	21,012	22,130
Percent Involved in Teaching	93.6	94.1	91.2
Total M.D. Faculty	24,262	22,321	24,274
TOTAL Full-Time Faculty	40,026	37,963	41,161
	<u> ,</u>		

Faculty reports 10-100% time in research or teaching activity. Faculty Roster System, AAMC.



as well as those who are involved in research or teaching for more than 10 percent of their time. While the numbers are not comparable to the AMA data due to differing criteria for classification, the AAMC figures show a reflection of the decline in 1974-75 and subsequent increase in the more current years in research oriented physicians.

M.D.	Total in 🌶	Mal	e	Fema	le ,	Cauca	sian	Bla	ck	As	ian	Oth Unkn	
Class	Class	#	%	#	%	# .	%	#	%	#	%	#	%
1967	7743	7160	92.5	583	7.5							* 	-
1968	7973.	7332	92.0	641	8.0								- .
1969	8059	7452	92.5	607	7.5							,	
1970	8367	7667	91.6	700	8.4					·			`-
1971	8974	8147	90.8	827	9.2	8368	93.2	180	2.0,	· ·124	1.4	· 302	3.4
1972	9551	8691	91.0	860	9.0	9022	94.5	229	2.4	125	1.3	175	1.8
1973	10391	9467	91.1	924	8.9	9687	93.2	340	3.3	124	1.2	240	2.3
1974	11613	10349	89.1	1264	10.9	10369	89.3	511	4.4	180	1.6	553	4.8

APPENDICES

III.1 - III.16
MALE/FEMALE COMPOSITION

III.17 - III.28 Ethnic Composition

Number and Percent Distribution of 1967 Male Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1967-1980

	Pri	or to of M.D	Year		1967			1968			1969	•	-	1970	_		1971			1972			1973	
Years since Graduation					0	,		1			2			3			4	1		5	•		6	<i>b</i>
	Number	Percent of Class ,	Percent of Total Appointments	Number*	Percent of Class	Percent of Total Appointments		Percent of Class	Percent of Total. Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent . of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	of Total
First Appointments Cumulative Appointments	5 5	0.07		. 3 . 8	0.04 0.11		10 18	0.14	0.84	5 23	0.07	0.42		0.60	3.61	116	1.62	9.75 15.29	133	1.86	11.18	266	3.72	22.3
Final Deactivations Cumulative Deactivations	0			0		•	0			2	0.03	0.17	1	0.03	0.08	15	0.21	1 ,26	26	0.36	2.18	÷ 35	0.49	2.9
Bal ance	5	0.07	.42	8	0.11	0.67	`18	0.25	1.51	21	0.03	.	63	0.04		164	2.29	1:51 13.78		Ĭ	3.70 22.77		7.01	6.6 42.1

		1974			1975			1976			1977			1978	. *		1979	-		1980*		Year	Unkno	 Own
Years since Graduation		7			8			9			10			11			12			13				
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	٠	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class.	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Der.	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	258		21.68			14.87		1.05	1			3.11	18	_	1.51	17	0.24	1.43	13	0.18	1.09	14	0.20	1.1
Final Deactivations Cumulative	839 59		70.50 4.96													i		<i>97.73</i> 3.03					0.04	
Deactivations			11.60	193		16.22				1	4.61				30.92		1	33.95		6.02	36.22	434	6.06	36.4
lance	701	~ 9.79	58.91	823	11.49	69.16	823	11.49	69.16	798	11:15	67.06	778	10.87	65.38	759	10.60	63.78	745	10.41	62.61	756	10.56	63.5

Number and Percent Distribution of 1967 Female Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1967-1980

Years since Graduation					0 .			1	İ		2			3			4			5			6	
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Fercent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Númber	Percent of Class	Percent of Total Appointments
First Appointments Cumulative	1	0.2	0.7	0			2	0.3	1.5	1	0.2	0.7	16	-2.7	11.9	29	5.0	21.6	36	6.2	26.9	21	3.6	15.7
Appointments	•1	0.2	0.7	_ 1	0.2	0.7	3	0.5	2.2	. 4	0.7	3.0	20	.3.4	14.9	49	8.4	36.6	85	14.6	63.4	.106	18.2	79.1
Final Deactivations	-0			0			0			0			. 0	:		1	0.2	0.7	4	0.7	3.0	5	0.9	3.7
Cumulative Deactivations	o			o			0			0			0			1	0.2	0.7	5	0.9	3.7	10	1.7	7.5
Balance	ť	0.2	0.7	1	0.2	0.7	3	0.5	2.2	4	0.7	3.0	20	3.4	14.9	48	8.2	35.8	80	13.7	59.7	96	16.5	71.6
	L			اا	:1		•]	1	l									ı i)	· .					
	- -	1074			1975	_	•	1976			1977			1978			1979	•	•	1980*	· <u> </u>	Voar	Unkno	wn
		1974															12			13		icui		-
Years since Graduation		7			8			9			10	•	_	11 -	•	- [12						· ·	
•	Number .	Percent of Class	Percent of Total Appointments	Number	Percent . of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent . of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments	15	2.6	11.2	5	0.9	3.7	2	0.3	1.5	3	0.5	2.2	1	0.2	0.7	0			1	0.2	0.7	1	0.2	0.7
Cumulative Appointments	121	20.8	90.3	126	21.6	94.0	128	22.0	95.5	131	22.5	97.8	132	22.6	98.5	132	22.6	98.5	133	22.8	99.3	134	23.0	100.00
Final Deactivations Cumulative	7	1.2	5.2	3	0.5	2.2	. 7	1.2		11		8.2	3	0.5	2.2	8	1.4	6.0	. 3		l		0.0	70 0
Deactivations	17	2.9	12.7	20	3.4	14.9				38	-	28.4	41		30.6	49	8.4	36\6	<i>52</i> 81	4.		i	8.9 14.1	38.8 61.2
Balance	104	17.8	77.6	106	18.2	79.1	101	17.3	75.4	93	16.0	69.4	91	15.6	67.9	83	14.2	61.9	°'	13.9	00.4		1-7.1	31.2

ERIC

Prior to Year of M.D.

~1968

APPENDIX III.3

Number and Percent Distribution of 1968 Male Medical Graduates Accepting Medical School Faculty Appointments;
Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1968-1980

	Pri	or to	Year		1968			1969			1970			1971			1972	•		1973	,		1974	
Years since Graduation			·		0	. —		1			2	· ·		3			4	-		5		U	6	
•	Number '	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	ıber	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Tota∤ Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
First Appointments Cumulative Appointments,	6 6	0.08 <i>∩.08</i>	0.50 <i>0.50</i>	9 15	0.12	0.74	19	0≈05 0.26	0.33 1.57	16 <i>3</i> 5	0.22	1.32	55 90	0.75	4.54 7.43	92،	1.25		137	1.87	11.31 26.34	260 <i>579</i>	3.55 7. 90	21.47
Final Deactivations Cumulative Deactivations	0	-	•	0 0	•.		0			. 0	·		2	0.03 0.03	0.17		0.11 <i>0.14</i>	•		0.34		31	0.42	2.56 5.45
Balance	, 6	0.08	0.50	15	0.20	1.24	19	0.26	1.57	35	0.48	2.89	88	1.20	7.27			14.20			23.45]	7,00	

	,								_										•		
		1975			1976			1977	•		1978			1979			1980	٠.	Year	Unkno	wn
Years since Graduation		7			8	,		9	,		10			11	1		12			•	
	Number	Percent of Class ·	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number '	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent	Percent of Total Appointments
First Appointments Cumulative Appointments	269 <i>848</i>		22.21		[15.03 85.05	1					3.14	30	0.41	2.48		0.16		12	0.16	0.99
Final Deactivations Cumulative Deactivations	49 115				1.19 2.76	7.18			6.28 22.96	l		4.79 27.75		0.91		31	0.42	}	2	0.03	0.17
Palance	733		60.53			68.37	ŀ	11.47		1		67.80			64.74			63.17		10.57	36.00 64.00

APPENDIX III.4

Number and Percent Distribution of 1968 Female Medical Graduates Accepting Medical School Faculty Appointments;
Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1968-1980

-	Pric	or to \ of M.			1968			1969		•	1970			1971			1972	•		1973			1974	
Years since Graduation		•			0			1			2		-	3	<i>.</i>		4		<u> </u>	5		· 	6	
	Number .	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	1	0.2		1 2	0.2 0.3	0.7	5	0.8	3.3 4.6	3 10	0.5	2.0 6.6	9	1.4 3.0	5.9 12.5	29 - 48	.4.5 7.5	19.1 31.6	47 95	7.3	30.9 62.5	19 114	3.0 17 +8 -	12.5 75.0
Final Deactivations Cumulative Deactivations	0	**.		0	:		0	·		0 0		ί.	1	0.2	0.7	· 1	0.2	0.7	2	1.1	4.6	11	0.6 1.7	2.6 7.2
Balance	1	0.2	0.7	2	0.3	1.3	7	1.1	4.6	10	1.6	6.6	18	∴2.8	11.8	46	7.2	30.3	88	13.7	57.9	103	16.1	67.8

•		1975			1976			1977	•		1978			1979	,		1980	*	Yea	r Unkn	lown
Years since Graduation		7			8			9 .	·		10		٥	11			12	,	•		
	Number	Percent of Gass',	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent ° of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	15 130		1	1	1.1 '214	4.6 90.1	4	0.6	2.6 92.8	7 148	1.1	4.6 97.4	. 3 151	0.5 23.6	2.0 99.3	0 151	23.6	99.3	1 152	0.2 23.7.	0.7
Final Deactivations Crowlative Deactivations	11		ı		1.1 4.5		9 <i>38</i>	1.4 5.9	~5.9 25.0	· 7	1.1°	4.6	10 55	1.6	6.6 36.2	6 61	0.9 9.5	3.9	0 61	9.5	40.1
_3alance	108	16.8	711	108	16.8	71.1	103	16.1	67.8	103	16.1	67.8	96	15.0	63.2	90	14.0	59.2	91	14.2	59.9

APPENDIX III.5

Number and Percent Distribution of 1969 Male Medical Graduates Accepting Medical School Faculty Appointments; and Balance Remaining on Faculty by Year 1969-1980

1	Dw	ior to	Vonn		1969		r	1070		,			•						<u>. *</u>		_			
		of M.I			1909			1970			<u>, 1971</u>		,	1972	.i		1973.			1974		1	1975	
Years since Graduation					0	,	¢.	.]			2		,	3	₹	-	4			5	•	,	6	
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	1	Percent of Class	Percent of Total Appointments	Númber	Percent of Class.	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	5 5	0.07	0.40	6		0.48		0.19	1.11	32	0.43	2.54	60	0.81	4.77	176	2.36	13.98)	17.95			21.2
Final		0.07	0.40	11	0.15	0.87	25		1.99	. 57	0.76	4.53	117	1.57	9.29	293-	3.93	23.27	519	6.96	41.22	788	10.55	62.4
Deactivations Cumulative Deactivations	0		.	0			, ,	0.01	0.08	0	0.01	0.08	2 3	0.03	0.16		0.28	1.67	1.				0.59	3.49
Balance	5	0.07	0.40	11	0.15	0.87	24	0.32	1.91	56	0.75		114	1.53		i	0.32 3.61	1.91 21.37		0.91 6.05	5, 40 35.82		1.50 9.04	8.9. 53.5

				, –				··		 -		·				•		<i>[</i>
		1976	· 	<u></u>	1977		"	·1978			1979	•		1980	*	Yea	ır Unkr	own
Years since Graduation	<u> </u>	7			8			9			10			11.				 -
	Number	Percent of Class ·	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent' of Class	Percent of Total	Number	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	227 1 <i>0</i> 13		18.03		•	10.72	47	0.63	3.73	38	0.51	3.02	16	0.21	0.81	10	0.13	0.79
Final Deactivations Cumulative Deactivations	71	0.95		85	1.14		61	0.82		61	0.82		45 435			0	,	34.5
Balance	830	11.14	65.93	880	11.81	69.90	866	11.62	<u> </u>	Ι.	[.	66.96		İ	64.65		11.06	65.4

APPENDIX III.6

Number and Percent Distribution of 1969 Female Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1969-1980

	Pri	or to \ of M.			1969			1970			1971			1972	V-	1	973		1	974			1975_	
Years since Graduation					0			1			2			3			4			5			6	
<i>d</i>	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative	0			0			1	0.2	0.8	3	0.5	2.5	15 19	2.5	1		3.6 6.8	18.0 33.6		4.8	23.8 <i>57.4</i>	20 90	3.3 14.8	
Appointments Final Deactivations Cumulative Deactivation	, (41		0 0			0	0.2	0.8	0	.,		0	5.1		1	0.2	0.8	5	0.8		6	1.0	4.9
Balance	. (0			1	0.2	0.8	4	0.7	3.3	19	3.1	15.6	40	6.6	32.8	. 64	10.5	52.5	78	12.9	63.9

		1976			1977			1978			1979		•	1980*		Year Unknown -		
Years since Graduation		, 7			.8			9		,	10			11			•	
,	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	10 100	. 1.6 16.5	8.2 <i>82.0</i>	10 110	1.6, 18.1	8.2 90.2	5 115	0.8 18.9	4.1 94.3	4 119	0.7 19.6	3.3 97:5	120	0.2 19.8	•			1.6
Final Deactivations Cumulative Deactivations	5		4.1 13.9	9 26	1.5 4.3	7.4 21.3		0.5 4.8	2.5 23.8	32	0.5 5.3	2.5	5 37	0.8 6.1				30,3
Balance	83	i			i						14.3	71.3	83	13.7	68.0			i

APPENDIX III.7

Number and Percent Distribution of 1970 Male Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1970-1980

	Pr	ior to			1970			1971			1972			1973			1974			1975		_	1976	
Years since Graduation	ļ				0 :	,		1			2			3	,		4	·		5			6	
	Number	Percent of Class	Percent of Total Appointments	Number /	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	7	0.09	0.61 0.61	4	0.05 0.14	_	27	0.35 0.50	2.36		٠	1.49 4.82	58 113	0.76 1.47	5.08	141	1.84	12.35 22.24	202	2.63	17.69 39.93	260	3.39	22.77
Final Deactivations Cumulative Deactivations	0 <i>0</i>			0 0	•		0			2 · 2	0.03	0.18 <i>0.18</i>	9	0.12 0.14						0.59 0.93	3.94 6.22		0.72 1.64	4. 82
Balance	7	0.09	0.61	11	0.14	0.96	38	0.50	3.30	53	0.69	4.64	102	1.33	8.93	228	2.97	19.96	385	5.02	33.71	590	7.70	51.66

	1977				1978			1979			1980	t	Year	wn .	
Years since Graduation		7			8			9	_		10			_	
-	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number .	Percent of Class	Percent of Total Appointments	Number .	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	229 945	2.99 12.33	20.05	114					4.73		0.25	1.66	10	0.13	
Final Deactivations Cumulative Deactivations	80	1.04		60	0.78		6,6	0.86	5.78 29.07	33	0.43	2.89 31.96	0 365	4.78	31.9
Balance Balance	739	9.64	64.71	793	10.34	69.44	781	10:19	68. 39	767			ŀ	10.13	-

APPENDIX III.8

Number and Percent Distribution of 1970 Female Medical Graduates Accepting Medical School Faculty Appointments;
Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1970-1980

	Pri	or to of M.D	Year	l	1970			1971			1972			1973			1974			1975		1976		
Years since Graduation					0			1		2			3		·		4		\	5		<u> </u>	6	<u> </u>
1	Number	Percent of Class	Percent of Total Appointments	Rumber	Percent of Class	Percent of Total Appointments	Number .	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of class	Percent of Total
First Appointments Cumulative Appointments	0	ı		1	0.1 0.1	0.6	4 5	0.6	2.5 3.2	1 6	0.1 0.9	0.6 3.8		1.7 2.6	7.6 11.4		6.9 9.4	30.4 41.8	• 47 113	6.7 16.1	29.7 71.5			
Final Deactivations Cumulative Deactivations	0 0			0	;		0			0		•	, 1	0.1	0.6		0.1	0.6 1.3		1.3	5.7 7.0	i I	2.3 3.9	1
Balance	0			1	0.1	0.6	5	0.7	3.2	6	0.9	3.8	. 17	2.4	10.8	64	9.1	40.5	102	14.6	64.6	109	15.6	69.0

		1977			1978			1979			1980*		Year	Unkno	iwn
Years since Graduation		7	•		8			9			10	•			
	Number	Percent of Class	Percent of Total Appointments	Number .	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	11 147	1.6 21.0	7.0 93.0	3 150	0.4	94.9	5 155	0.7	3.2 ·	2 157	0.3	1.3 99.4	1 158	0.1 22.6	0.6 100.0
Final Oeactivations Cumulative Deactivations	12 <i>39</i>	1.7 5.6	7.6 24.7	6 45	0.9 6.4	3.8 28.5	9 54	1.3	5.7 34.2	3 <i>57</i>	0.4 8.1	1.9 36.1	0 57	8.1-	36.1
Balance	108	15.4	68.4	105	15.0	66.5	101	14.4	63.9	100	14.3	63.3	101	14.43	63.9

Number and Percent Distribution of 1971 Male Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Barance Remaining on Faculty by Year 1971-1980

		or to of M.D			1971			1972		-	1973			1974			1975	•		1976		Γ	1977	:
Years since Graduation					0			1		:	2			3		 	. 4			5	•		6	
•	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
First Appointments Cumulative	. 7	0.09	0.61	33	0.41	2.88	22	0.27	1.92	30	0.37		82		7.17	169		14.97			22.12			
<i>Appointments</i> Final	7	0.09	2.61	40	0.49	3.50	62	0.76	5.42	92	1.13	8.04	174	2.14	15.21	343	4.21	29.98	596	7.32	52.10	819	10.05	71.5
Deactivations Cumulative Deactivations	0			1	0.01		۵			14	0.17	1.22	16	0.20		26	0.32	2.27	60	0.74	5.24	56	0.69	4.9
Balance	7	0.09	0.61	39	0.01	0.09 3.41	61	0.01	0.09 5.3	15 -77	0.18	1.31 6.73	- 1	0.38	2.71 12.50	<i>57</i> 286	0.70 3.51	4.98 25.00	- f		10.23 41.87		2.12 7.93	

		1978			1979	<u> </u>	Ι	1980*		Ye	ar Unk	nown
Years since Graduation		7			8			9				
,	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments <i>Cumulative</i>	181	2.22	15.82	95	1.17		40	0.49	3.50,		0.11	0.79
Appointments	1000	1,2. 27	87.41	1095	13.44	95.72	1135	13.93	99.21	1144	14.04	100.0
Final Oeactivations Cumulative	78	0.96	6.82	61	0.75	5.33	39	0.48	3.41	0		*}
Deactivations	251	3.08	21.94	312	3.83	27.27	351	4.31	30.68	351	4.31	30 .68
Balance	749	9.19	65.47	783	9.61	68.44	784	9.62	68.53	793	9.73	69.32

APPENDIX III.10

Number and Percent Distribution of 1971 Female Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1971-1980

		or to			1971			1972		_	1973	<u> </u>		1974			1975			1976			1977	
Years since Graduation					0			1			2			3 ,		_	4			5	, -		6	
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	<u> </u>	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	2	1	}	4 6	0.5	2.1 3.2	0 6	0.7	3.2	2	0.2	1.1	20 28	2.4 3.4	10.5	59 <i>87</i>	7.1 10.5	31.1 45.8	49 136	5.9 16.4	25.8 71.6	29 165	3.5 20.0	15.3 86.8
Final Deactivations Cumulative Deactivations	0	ļ.		0		,	1	0.1	0.5 0.5	2		1.1	0	0.4	1.6	0	0.4	1.6	13 16	1.6	6.8 8.4	11 27	1.3 3.3	5.8 14.2
Balance	2	0.2	1.1	6	0.7	3.2	5	0.6	2.6	5	0.6	2.6	25	3.0	13.2	84	10.2	44.2	120	14.5	63.2	138	16.7	72.6

		1978			1979		· -	1980*		Yea	r Unkn	own
Years since Graduation		7			8		·,	9				
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent Laf Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	11 176	1.3	5.8 92.6	9 185	1 (1	4.7 97.4	4 189	0.5	2.1 99.5	1 190	0.1 23.0	0.5 100.0
Final Deactivations Cumulative Deactivations 8alance	38 38	4.6	5.8 20.0 72.6	12 <i>50</i> 135	1.5 6.0 16.3		7 <i>57</i> 132	0.8 <i>6.9</i> 16.0	3.7 30.0 69.5	0 <i>57</i> 133	6.9 16.1	30.0 70.0



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APPENDIX III.11

Number and Percent Distribution of 1972 Male Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1972-1980

	Pr	ior to of M.			1972			1973		T	1974			1975	•		1976			 1977	• • •	Γ	1978	
Years since Graduation		1	т		0	,		1	-		2			3			4			5			6	
	Number	Percent of Class	n o	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	8 8		i l	30 <i>38</i>		2.51 3.18		0.13 <i>0.56</i>	0.92 4.1		0.32 <i>0.89</i>		155	1.78	12.98 19.43	246	2.83	20.60	322	3.70	26.97	184	2.12	15.41
Final Deactivations Cumulative Deactivations	0			0		•	0			4	0.05	_ ,		0.14	1.01	36	0.41	3.02	75	0.86	6.28	78	0.90	6.53
Balance	8	0.09	0.67	38	0.44	3.18	49	0.56	4.1	7.3.	1	6.11			18.09			4.36 35.68		7.74	56.37		l	65.24

		1	•			1			
		1979	_		1980	*	Ye	ar Unk	nown
Years since Graduation		7			8	·			
	Number .	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	126 <i>1110</i>	1.45 12.77	10.55 92.96	68 1178	0.78 13.55	5.70	16	0.18 13.74	1.34
Final Deactivations Cumulative Deactivations	81 286	0.93 3.29	6.78 €3.95	45 331	0.52 3.81	3.77 27.72	0 331	3.81	27.72
Balance	824	9.48	69.01	847	9.75	70.94	863	9.93	72.28

APPENDIX III.12

Number and Percent Distribution of 1972 Female Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1972-1980

	Pri	or to	/ear	-	1972			1973	•		1974			1975			1976		1	977			1978	•.
Years since Graduation		·	r ———		0			1	,		2			3			4			5			6	
	Number	Percent of Class	Percent of Total Appointments	Jurber	Percent of Class	Percent of Total Appointments	Number	Percent of Slass	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Bercent of Class	Percent of Total Appointments	Number	Percent &	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	, 1 1	0.1	0.6 <i>0.6</i>	0	0.1	0.6	1 2	0.1	0.6	4 6	0.5 0.7	2.3 3.5	36 42	4.2	20.8	51 93	5.9	· 29.5	43	5.0	24.9	19 155	2.2	
Final Deactivations Cumulative Deactivations	0			0 0			0			1 1	0.1	0.6 0.6	1 2	0.1	0.6	8 <i>10</i>				1.2 . 2.3	5.8 11.6	10 30	1.2 3.5	5.8
Balance	1	0.1	0.6	1	0.1	0.6	. 2	0.2	1.2	5	0.6	2.9	40	⁻ 4.7	23.1	83	9.7	48.0	116	13.5		125	14.5	72.3

		1979		}	980*		Yea	r Unkr	nown
Years since Graduation		7		-	8				
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	13 <i>168</i>	1.5 19.5	7.5 97.1	4 172	0.5 20.0	2.3 99.4	1 . <i>173</i>	0.1 20.1	0.6
Final Deactivations	10	1.2	5.8	6	0.7	3.5	شکف 0		
Amulatine Perstivitions		i		46	5. 3		46	5.3	26.6
Balance	128	14.9	74.0	126	14.7	72.8	127	14.8	73.4



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APPENDIX III.13

Number and Percent Distribution of 1973 Male Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1973-1980

		r to Y			1973			1974			1975	•		1976			1977			1978	:		1979	
Years since Graduation					0			1			2			3			4	,		5			6	
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments .	Number	Percent . of Class	Percent of Total Appointments	Number .	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	13	•	1.17	22 35		1.97 3.14	15 50	0.16 0.53		32 82	0.34	2.87 7.36	160 242	1.69 2.56	14.36 21.72	1		24.60 46.32	!	ł	25.49 71.81	206 1 <i>006</i>		18.49 90.31
Final Deactivations Cumulative Deactivations	0		÷	. 1 . 1	0.01	0.09 0.09	^ 7	0.07	0.63 0.72	4 12	0.04	0.36		0.16	1.35 2.42		0.49 <i>0.77</i>	Ì	i .	0.89	7.54 14.09	81 238	0.86 2.51	7.27 21.36
Balance	13	0.14	1.17	34	0.36	3.05	42	0.44	3.77	70	0.74	6.28	215	2.27	19.30	443	4.68	39.77	643	6.79	57.72	768	8.11	68.94

		1980*	•	Year	Unkno	wn
Years since Graduation	·	7				
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	97 1163			11 1114	0.!2 11.77	
Final Deactivations Cumulative	45	0.48	4.04	0	• :	
Deactivations	283	2.99	25.40	283	2.99	25.40
Talance	820	8.66	73.61	831	78.ن	74.6

APPENDIX III.14 ;

Number and Percent Distribution of 1973 Female Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1973-1980

	Pr	or to			1973			1974			1975			1976-	·	. 1	977		1	978			1979	
Years since Graduation					0			1		٠ ا	2		,	3			4			5			6	
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Rumber	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	1	0.1	0.7 0.7	2	0.2	1.4 2.2	3 6	0.3	2.2 4.3	.1 <i>8</i>	0.2	1.4 5.8	26 34	2.8 3.7	18.7 24.5	38 72	4.1 7.8	27.3 <i>51.8</i>	36	3.9	25.9 77.7	23 131	2.5	16.5
Final Deactivations Cumulative Deactivations	0 0			0 0			0		a	0 0	,		0	*		4 4	0.4 0.4	2.9 2.9	•	0.8	5.0 7.9		0.9	5.8 13.7
Balance	1	0.1	0.7	3	0.3	2.2	J.	0.6	4.3	8	5.9	5.8	34	3.7	24.5	68	7.4	48.9	97	10.5	69.8	112	12.1	ද0.6

		1980*		Yea	r Unkn	own
Years since Graduation		7				,
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative	7	0.8	5.0	1	0.1	0.7
Appointments	138	14.9	99.3	139	15.0	100.0
Final Deactivations Cumulative	.11	1.2	7.9	0		· C
Deactivations	30	3.2	21.6	30	3.2	21.6
Balance	108	ነ1.7	77.7	109	11.8	78.4

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APPENDIX III.15

Number and Percent Distribution of 1974 Male Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1974-1980

	Prio	of M.		٠	1974			1975			1.976			1977			1978			1979		1	980*	
Years since Graduation		? 			0			1			Ż			3	(4			5			6	
-	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class ≻	Percent of Total Appointments	Number 🦻	Percent of Class	Percent of Total Appointments	Number *	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	13 <i>13</i>					1 1		0.10	1.14 3.76	Ì	0.21 <i>0.5</i> 3	,	<i>y</i>	l	17.88 24.15	72 1 .5		24.49 48.63			31.66 80.30	1		18.00
Final Deactivations Cumulative Deactivations	0 0			1	0.01	0.11 0.11	0	0.01	0.11	- 4 5				0.11 0.15	Į		0.27 0.43	'	ļ. ,		7.86 12.87	52 165	0.50 1.58	5.92 18.71
Balance	13	0.13	1.48	22	0.2]	2.51	32	0.31	3.64	50	0.48	5.69	196	1.89	22,32	383	3.70	43.62	592	5.72	67.43	698	6.74	79.50

• •			
	Year	Unkno	own
Years since Graduation			
	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	15 <i>878</i>	0.14 8.48	1.71 103.00
Final Deactivations Cumulative	0		
Deactivations	165	1.59	18.79
^{ln} alance	713	6.89	81.21
``			

APPENDIX III.16

Number and Percent Distribution of 1974 Female Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1974-1980

	Pri	or to			1974			1975			1976	,		1977			1978		1	97:9			1980*	
Years since Graduation		·	· ·		0 ,	,		1 _		<u> </u>	2			3			4			5			6	
	Number	Percent of Class	Percent of Total Appointments	Number	Percent: of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number ,	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	4	0.3	i :	1 5	0.1	0.7 3.4	5	0.4	3.4 6.8	3 13	0.2	2.0 8.8	29 42	2.3 3.4	19.6	50 <i>92</i>	4.0	33.8	· 37	3.0 10.4	25.0	17	1.4	11.5
Final Deactivations Cumulative Deactivations	0 0	•		. o		•	0		•	1' 1	0.1 0.1	0.7 0.7	3	0.2	2.0	8 12				1.0	8.1 <i>16.2</i>	- (9 33	0.7 2.6	6.T 22.3
8a1ánce ·	4	. 0.3	2.7	5	0.4	3.4	10	-0.8	6.8	12	1.0	8.1	38	3.0	25.7	80	6.4	54.1	105	8.4	70.9	113	9.1	76.4

		OWN
Number	Percent of Class	Percent of Total Appointments
2 148	0.2	1.4 100.0
0	9.0	22.3
		1
	2 148 0	2 0.2 148 11.9

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APPENDIX III.17

Number and Percent Distribution of 1971 Black Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1971-1980

	T 5		V									-	_						_					
	Pr	ior to of M.I	rear		1971	•		1972	t		1973			1974			1975			1976	' I		1977	
Years since Graduation			,		0			1 ,			2			3			4			5		. •	6	
	Number	Percent (Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent. of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	0 <i>0</i>		-	0			1	0.6	5.3 5.3	· 0	0.6	5.3	.1 2	0.6	5.3 10.5	5	2.8	26.3 36.8	3	1.7 5.6	15.8 52.6	'4 14	2.2	21.0
Final Deactivations Cumulative Deactivations	0			0	-		0 0			0			0			0			3	1.7	15.8 15.8	· 1	0.6 2.2	5.3 21.1
Balance	0			0			1	0.6	5.3	1	0.6	5.3	2	1.1	10.5	7	3.9	36.8	7	3.9	36.8	10	5.5	52.6

		1978			1979	ν.		1980*		Yea	r Unkn	own
Years since Graduation		7			8 .			9				
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	4 18		21.0 94.7	1 19	0.6 10.6		0 19	10.6	100.0	0 7 19	10.6	100.0
Final Deactivations Cumulative Deactivations	1 5	0.6 2.8	5.3 26.3	. 1 6	0.6 3.3	5.3 31.6	1 7	0.6 3.9	5.3 36.8	0 7	3.9	36.8
Balance	13	7.2	68.4	13	7.2	68.4	12	6.7	63.2	12	6.7	63.2

APPENDIX III,18

Number and Percent Distribution of 1971 Asian Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1971-1980

	Pric	or to \			1971			1972		F	1973			1974			1975	٠		976			1977	
Years since Graduation					0,			1	. , .		2			3			4			5			6	
	Number ,	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	ĺ	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number .	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Tctal Appointments	Númber	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	0			0			1	0.8	4.2	1 2	0.8.		4 6	3.2 4.8	16.7 25.0	6	<u> </u>	25.0 50.0	7	5.6 15.3	29.2	3 22	2.4	12.5
Final Deactivations Cumulative Deactivations 8alance	0	•		0			0	0.8	4.2	0 0 2	1.6	8.3	0 0	4.8	25.0	1 1	0.8 0.8 8.9	4.2 4.2 50.5	1 2		4.2 8.3 70.8	2 4 18	1.6 3.2 14.5	

		1978			1979			1980*		U	Year inknown	
Years since Graduation		7 .			8			9	_			
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent , of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	1 23	0.8	4.2 95.8	0 23	18.5	95.8	· 0	18.5	95.8	24	0.8 19.4	4.2 100.0
Final Deactivations Cumulative Deactivations	3		12.5	0		29.2	1	0.8 6.5	4.2 33.3	. 0	6.5	33.3
Balance	16	:	1	16	-00	66.7	15		62.5	16		66.7



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APPENDIX III.19

Number and Percent Distribution of 1971 Caucasian Medical Graduates Accepting Medical School Faculty Appointments;
Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1971-1980

		or to Y	'ear		1971			1972			1973	•		1974			1975			1976			1977	
Years since Graduation					0			1			2			3			4			5			6	
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent∙of Totàl Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	· 8	0.10	0.71	36 44	0.43 0.53	3.18 3. <i>89</i>	17 61	0.20	1.50 5.39	25 86	0.30	2.21	83	0.99		196	2.34	17.31 32.24	262	,	23.14 55.39	218	2.61	
Final Deactivations Cumulative Deactivations	0		•	1	0.01 0.01	0.09 0.09		0.01			0.19	1.41		0.18		21	0.25 0.65	1.86		0.69 ° 1.34	5.12 9.89	60	0.72	5.30 15.19
Balance	./	0.10	0.71	43	0.51	3.80	59	0.71	5.21	68	0.81	6.01	136	1.63	12.01	311	3.72	27.47	515	6.15	45.49	673	8.04	59.45

										· ·		
		1978			1979	į		1980*	•	Yea	ır Unkr	own
Years since Graduation		7			8			9				
gart.	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First , Appointments Cumulative Appointments	159 1004	1.90 12.00	14.05		1.05	7.77	32	0.38 13.43	2.83	8	0.10 13.53	0.71
Final Deactivations Cumulative Peactivations	76 248	0.91 2.96	6.71 21.91	60 308	0.72 3. <i>68</i>	5.30 27.21		0.49 4.17	3.62 30.83	i .	4.17	30.83
-Balance	756	9.03	66.78	784	9.37	69.26	775	9.26	68.46	7 83	9.36	69.17

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APPENDIX III.20

Number and Percent Distribution of 1972 Black Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1972-1980

	1 .			t						τ						·—								<u> </u>
] Pr	ior to of M.		<u> </u>	1972			1973		1	1974]		1975			1976			1977			1978	
Years since Graduation			T		0	· · · · · · · · · · · · · · · · · · ·		1			2			3			4			5			6	
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	<u></u>	Percer: of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Kumber	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	0			. 0 - 0	<u> </u>		0			0			3	1.3	20.0	5	2.2	33.3 53.3	5	2.2	33.3 86.7]	0.4	6.7
Final Dractivations Cumulative Deactivations	0			0 <i>0</i>			0 0			0			0 0			0 0-			0	*>		13	1.3	20.
Balance	0			0			0		Í	0	·		3	1.3	20.0	8	3.5	53.3	13	5.7	86.7	ijΙ	4.8	73.

		1979			1980	r	Yea	ır Unkr	own
Years since Graduation		7			8				
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	0 14	6.1	93.3	1 15	0.4 6.6	6.7	0 15	6.6	100.0
Final Desctivations ulative Deactivations	0	1.3	20.0	0	1.3	20.0	0	1.3	20.0
Balance	11	4.8	73.3	12	5.2	80.0	12	5.2	80.0

APPENDIX III.21

Number and Percent Distribution of 1972 Asian Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1972-1980

	Pric	or to \ of M.(1972			1973			1974		-	1975			1976		1	977			1978	
Years since Graduation					0	-		1			2	•		3			4			5			6	•
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total ' Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number '	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	1	0.8	7.1 7.1	0	0.8	7.1	0	0.8	7.1	0	0.8	7.1	3 4	2.4 3.2	21.4	4		28.6 57.1	4	3.2	28.6 <i>85.7</i>	0	9.6	85.7
Final Deactivations Cum.lative Deactivations	0			, 0 0			0	·		0			0- 0			0		•	2	[14.3	1	0.8 2.4	7.1 21.4
Balance	1	0.8	7.1	1 	0.8	7.1	11	6.8	7.1	1	0.8	7.1	4	3.2	28.6	8	6.4	57.1	10	8.0	71.4	9	7.2	64.3

		1979			1980*		_ l	Year Jnknowi	<u> </u>
Years since Graduation		7			8				<u> </u>
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	2		14.3 100.0	0	11.2	100.0		11.2	100.0
Final Deactivations Cumulative Deactivations	2 5		14.3 <i>35.7</i>	0 5	4.0	35.7	0 5	4.0	35.7
alance	9	7.2	64.3	9	7.2	64.3	9	7.2	64.3

APPENDIX III.22

Number and Percent Distribution of 1972 Caucasian Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1972-1980

	Pri	or to	Year).		V972			1973			1974			1975	•		1976			1977			1978	
Years since Graduation		,			/ o _			1			2			3			4	\supset		5			.6	,
·	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative	7		0.59	24	0.27	2.03	7	0.08	0.59	25	0.28	. 2.11	172 `	1.91	14.54	251	2.78	21.22	325	3.60	27.47	181	2.01	15.30
Appointments Final Deactivations Cumulative Deactivations	0	0.08	0.59	0	0.34	2.62	38 0	0.42	3.21	63 5	0.70	0.42	-10	0.11	0.85			41.08 3.38 4.65	77	0.85	68.55 6.51	69	0.76	5.83
Balance	7	0.08	0.54	31	0.34	2.62		0.42	3.21	58	0.64				18.60		4.78	36.43	ŀ	•	57.40			1

		1979			· 1980	k .	Yea	ar Unkr	nown
Years since Graduation		7			8				,
	Number	Percent c	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	118. 1110	-1.31 12.30	9.97	56	0.62 12.92		17	0.19 13.11	1.44
Final Deactivations Cumulative Deactivations	75 276	0.83 3. <i>06</i>	6.34 23.33	50 326	0.55 3.61		0 326	3.61	27.56
Balance	834	9.24	70.50	840	9.31	71.01	857	9.50	72.44
ه سه دري دره هــــ دست				,	. ;		L!		

APPENDIX III.23

Number and Percent Distribution of 1973 Black Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1973-1980

	Pr	ior to			1973			1974		,	1975		•	1976		•	1977	·	. 1	978	7	 -	1979	
Years since Graduation					70			1			2			3			4			5		i	5	
	Number	Percent . of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percel, t of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Númber	Percent of Class	Percent of Total Appointments	Hunber	Percent of Class	Percent or Total Appointments
First Appointments Cumulative Appointments	1	0.3	3.7 3.7	1 2	0.3	3.7 7.4	0	0.6	7.4	. 2	0.6	7.4 14.8	5 - θ	1.5	18.5 33.3	4	1.2 3.8	14.8 48.1	10 28		37.0 95.2	2 25	0.6	7.4 92.6
Final Deactivations Cumulative Deactivations Ralance	0 0		3.7	0	0.6	7,4	1	0.3 0.3	3.7 3.7 3.7	0 . 1 . 3	0.3 0.9	3.7 1 1. 1	0 1 8	0.3 2.4	3.7 29:6	0 1	0.3 3.5	3.7 44.4	2 3 20	0.9	7.4 17.1 74.1	3 • & 19	0.9 7.8 5.6	11.1 22.2 70.4
• ·					-30				- ••				,			,-				4			4	

				· · ·		
•		1980*	·	Į	Year Jnknow	n
Years since Graduation		7			•	
•	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments Final Deactivations Cumulative	2 27 2		7.4 100.0 7.4	0 27 0	7.9	100.0
Deactivations	8	2.4	29.6	8	2.4	29.6
Balance	19	5.6	70.4	19	5.6	70.4
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APPENDIX III.24

Number and Percent Distribution of 1973 Asian Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1973-1980

	Pr	ior to			1973			1974	,		1975			1976			1977			1978			1979	
Years since Graduation					0	,		1			2		,	3			4			5			6	
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number .	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	0			• o			1	°C.8				8.3	1 3	0.8 2.4	8.3 25.0	3 6	2.4	25.0 50.0	· 2	1.6 6.5		2 10	1.6 8.1	16.7 83.3
Final Deactivations Cumulative Deactivations	0			o o		يتق	0			0			0	·		1	0.8 0.8	8.3 8.3	1 2	0.8 1.6	8.3 16.7	1	0.8 2.4	8.3 25.0
Balance	O			0			1	0.8	8.3	2	1.6	16.7	3	2.4	25.0	5	4.0	41.7	,6	4,8	50.0	7	5.6	58.3

•		1980*		Yea	r Unkn	own
Years since Graduation		i	•			
	Number	Percent of Class	Percent of Tocal Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments] 11	0.8 8.9	8.3 <i>9</i> 1. <i>7</i>	1 12	0.8 9.7	
Final Oeactivations Cumulative Deactivations] 4	0.8 3.2	8.3 33.3	0	3.2	33.3
Balance /	7	5.6	58.3	8	6.5	66.7

APPENDIX III.25

Number and Percent Distribution of 1973 Caucasian Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1973-1980

	Pri	or to			1973			1974			1975			1976		•	1977	-		1978			1979	
Years Since Graduation					0			1			2			3	,		4	•		5			. 6	
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	ฟันmber	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments		Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total
First Appointments Cumulative	10	0.10	0.95	21	0.22	2.00	15	0.15			0.31		-		14.75			26.36			25.21		1.93	17.79
Appointments	10	0.10	0.95	31	0.32	2.95	46	0.47	4.38	76	0.78	7.23	231	2.38	21.98	508	5.24	48.33	773	7.98	73.55	960	9.91	91.34
Final Deactivations Cumulative	0			. 1			6	0.06	0,57	4	0.04	0.38	15	0.15	1.43	42	0.43	4.00	81	. 0.84	7.71	69	0.71	6.57
Deactivations	0			1			7	0.07	0.67	11	0.11	1.05	26	0.27	2.47	68	0.70	6.47	149	1.54	14.18	218	2.25	20.74
Bal ance	10	J. i	0.95	30	0.31	2.85	39	0.40	3.71	65	0.67	6.18	205	2.12	19.51	440	4.54	.41.86	624	6.44	59.37	742	7.66	70.60

<u> </u>		1980	•	Year	Unkno	wn
Years since Graduation		7			, -	
	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	82 1042	ባ.85 <i>10.76</i>	7.80	1	0.09	0.86
Final Deactivations Cumulative Deactivations	48 266	0.50	4.57 25.31	0 266	2.75	25.31
1 ance	776	İ	73.83	785	8.10	74.69

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APPENDIX III.26

Number and Percent Distribution of 1974 Black Medical Graduates Accepting Medical School Faculty Appointments; Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1974-1980

	Prid	or to \ of M.(rear O.		1974			1975			1976			1977	· -		1978	•	1	979			1980	
Years since Graduation					O O			1			2			3			4	•		5.			- 6	
	, Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	-	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	2	0.4	8.3 8.3	0	0.4	8.3	1	0.2	4.2	0	0.8	12.5	6 9	1.2	25.0 37.5	9 18	1.8	37.5 <i>75.0</i>	4 22		16.7 91.7	2	0.4	8.3 100.0
Final Deactivations Cumulative Deactivations	. <i>o</i>			0 <i>0</i>			0 <i>0</i>		-	1	0.2	4.2 4.2	0	0.2	4.2	0	0.2	4.2	2 3	0.4	8.3 12.5	2 5	0.4	8.3 20.8
Balance	2	0.4	8.3	2	0.4	8.3	3	D-6	12.5	2	0.4	8.3	8	1.6	33.3	17	3.3	70.8	19	3.7	79.2	19	3.7	79.2

	ı	Year Unknow	n
Years since Graduation			•
	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	0 24	4.7	100.0
Final Deactivations Cumulative Deactivations	0 5	1.0	20.8
Bälance	19	3.7	79.2

APPENDIX III.27

Number and Percent Distribution of 1974 Asian Medical Graduates Accepting Medical School Faculty Appointments;
Terminating Faculty Appointments; and Balance Remaining on Faculty by Year 1974-1980

	Pr	ior to of M.	Year D.		1974			1975			1976			1977		•	1978^			979			1980*	•
Years since Graduation					0	· · · · ·		1			2			3	,		4			5			6	
	Number	Percent of Class	Percent of Total Appointments	Number V	Percent of Class	Percent of Total	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class,	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number•	Percent of Class	Percent of Total
First Appointments Cumulative Appointments	2	1.1	10.0	1	0.5	5.0 15.0	0	1.7	15.0	3	1.7 3.3	15.0 30.0	4	2.2 5.6	20.0	5 15	2.8 83	25.0 75.0	3	1.7 io.0	15.0 90.0	2	1.1	10.0
Final Deactivations Cumulative Deactivations	· 0			0 0			0 <i>0</i>	ì		0 <i>0</i>	•		2	1.1	10.0	1 3	0.5	5.0 15.0	1 4	0.5 2.2	5.0 20.0	3	1.7 3.9	15.0 35.0
Balance	2	1,1	10.0	3	1.7	15.0	3	1.7	15.0	6	3.3	30.0	8	4.4	40.0	12	6.7	60.0	14	7.8	70.0	13	7.2	65.0

	Yea	ır Unkr	nown
Years since Graduation			
	Number	Percent of Class	Percent of Total Appointments
First Appointments Cumulative Appointments	0 20	11.1	100.0
Final Deactivations Cumulative Deactivations	7'	3.9	35.0
ance.	13	7.2	65.0

Number and Percent Distribution of 1974 Caucasian Medical Graduates Accepting Medical School Faculty Appointments; Terrinating Faculty Appointments; and Balance Remaining on Faculty by Year 1974-1980

Total Its		0		1			_ •	· I												
otal							2			3			4 .			5			6	
of Class Percent of T	Number	ent lass	intments er	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments	Number	Percent of Class	Percent of Total Appointments
0.11 1.28			٠ ١		3.26	. 17 45				1.49					<u> </u>			{	1.43 8.14	17.23 98/25
	1	0.01 0.	12 1	0.01		5	0.05	0.58			1.98	49	0.47	5.70	117	1.13	13.62	169	1.63	19.67
)).	11 1.28	11 1.28 6	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11

	Year Unknown					
Years since Graduation		· 				
	Number	Percent of Class	Percent of Total Appointments			
First Appointments Cumulative Appointments	15 859	0.14 8.28	1.75 <i>100.0</i>			
Final Deactivations Cumulative Deactivations	0 169	1.63	19.6			
Balance	690	ί _τ ,65	80133			
	:					

IV. COMPARISON OF TRAINING PROGRAMS FOR PHYSICIAN SCIENTISTS

A. Background and Objectives of Study

The National Institutes of Health (NIH) have for many years provided research training to physicians and others by three principal mechanisms:

- •- a program of extramural postdoctoral (post-MD in the case of physicians) fellowship training at biomedical institutions across the Nation.

 This program has funded trainees either directly from NIH (individual fellowships) or through grants to institutions (institutional training grants).
 - two programs of intramural postdoctoral (post-MD) research training:
 - The research associate program which features one or more years of basic or clinical laboratory research at NIH.
 - the clinical associate program which consists of one year on the clinical research service of the NIH Clinical Center and one or more years in a clinical research laboratory at NIH.

Beginning about 1964 the NIH has also supported a program leading to conconcurrent MD and PhD degrees. In 1980 this extramural Medical Scientist Training Program (MSTP) of the National Institute of General Medical Sciences (NIGMS) supported about 650 trainees in 25 research-intensive medical schools across the country. Due to the increase in the size of the MST Program and the decline in the number of physicians seeking extramural program fellowships, the MSTP supported one out of every four MD research trainees in 1980. At the same time about 200 research and clinical associate trainees were supported intramurally at NIH and about 1,600 postdoctoral fellows were supported extramurally. The MD-PhD program averages six years in length and includes undergraduate medical



education whereas the postdoctoral fellowships and intramural associate programs average just over two years in length and take place sometime after receipt of the MD degree.

Given the decline since 1974 in numbers of physicians receiving research training, the continuing need for physician scientists, and the limitation of funds available to NIH to support research training, it seems highly appropriate and very timely to compare the efficiency and efficacy of the principal routes for MD research training

The objective of this chapter, therefore, is to compare the MSTP, the NIH intramural clinical and research associate programs and the NIH extramural postdoctoral research fellowship program with respect to the percent of trainées who remain in research, their research productivity as measured by publications, their rate of advance in academic or research positions and their success in obtaining NIH research grant support.

B. <u>Method of Study</u>

The names of all graduates from the MST Program between 1968 and 1973 were obtained; these served as the index group for this study. Exhibit IV.1 shows the schools in which these 53 persons trained and the number graduating in each year. Lists were also obtained from the NIH of all physicians trained as NIH intramural research and clinical associates and as extramedal research fellows. These lists were compared with AAMC records of entering medical students. For each of the MST students, a comparable student who subsequently trained in one of the other three programs was found at each medical school. The comparison student was of the same age and sex. He entered the same (or a comparable) medical school with comparable undergraduate education, and with comparable Medical College Admission Test (MCAT) scores, taken at about the same

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BASIS OF TRAINING PROGRAM COMPARISONS:

FIFTY-THREE MEDICAL SCIENTIST TRAINING PROGRAM GRADUATES, 1968-1973

NUMBER OF GRADUATES

		· · · · · · · · · · · · · · · · · · ·				
	1968	1969	1970	<u>1971</u>	1972	<u>1973</u>
New York University	1	2	2	3 *	9	7
Einstein Medical College				2 .	12	4
Duke University					4	2
University of Wisconsin		· · · · · · · · · · · · · · · · · · ·	Ţį.	•	1	
University of Pennsylvania	-		• • • • • • • • • • • • • • • • • • •		2	1
Un Versals of Washington (Seatt	tle')	•				1 .
TOTAL	1	2	2.	.5	28	15



time $(^2$ 2 years). Comparable medical schools were selected on the basis of similar ownership, region, research intensity and student body composition.

frainces have, continued to graduate since 1973 in ever increasing numbers. However, our comparison is limited to those graduating prior to 1974 in order to provide an adequate period of time (seven years) for graduates to complete residency training and to establish their careers.

There is some inescapable overlap in the training experiences of physicians in the iou. selected groups. A few MSTP graduates subsequently became NIH research or clinical associates. A few NIH intramural associates at some time also received extramural training. In all such cases, physicians were classified by their earliest research training experience.

All of the 53 earliest MSTP graduates were male. Therefore, only male trainees from the other three programs were selected for rurposes of this comparative analysis.

The career records of the 212 physicians in the four groups were sought in several ways. The AAMC Faculty Roster System contained career histories of 73 who are active or former members of U.S. medical school faculties. The most, recent American Medical Directory (1979), Directory of Medical Specialists (1979-80), NIH Directory, some research institute staff directories, and city telephone directories (for last known addresses) were-also-checked to locate-as many of the physicians as possible. Letters were sent requesting a Curriculum Vitae (C.V.) and a brief questionnaire was enclosed requesting data about research training and current academic and non-academic activity (Appendix IV.1). Questionnaires were returned by 77 physicians. An attempt was made to verify by telephone the activities of those physicians for whom current data were not available.

The publication records of all 212 physicians were derived by using the MEDLARS computer system of the National Library of Medicine. We collected references to more than 8,000 articles published since 1967 by authors with the same last name and first initial (or initials) as the 212 research trainees in the study cohort. Each reference was verified to be authored by a member of the cohort, or discarded, by a systematic analysis of dates, titles, co-authors and occasional checks against the actual publication in the library or against C.V.'s received. As a result, 2,792 articles were attributed to the physician study cohort.

The records of all research grant applications to NIH and ADAMHA submitted by the 212 physicians were obtained by matching names and birthdates against the NAS/NRC Composite Grant Applicant File. AAMC staff screened these matches for ambiguities and deleted applications for traineeships, non-competing renewals and changes-of-institution. One hundred forty-one applications were retained for comparison among the four groups of physicians. Normalized priority scores were calculated from raw priorities by a method reported elsewhere. Also, a grant "success" score was calculated using the normalized priority score and assigning a value of 500 if the application was disapproved.

C. Career Comparisons of MD Research Trainees

1. Research and Faculty Status of Trainees. Exhibit IV.2 presents the number and percentage of graduates from each of the four training programs who are currently involved in research, medical teaching (exclusive of research),

^{*} See Sherman, C.R. and Morgan, T.E. <u>Education Patterns and Research Grant</u> Success of Medical School Faculty. Washington, D.C.: AAMC, January, 1979.

RESEARCH AND FACULTY STATUS OF PROGRAM GRADUATES

TRAINING PROGRAMS

•	•		*	,	
gg.	NIGMS Medical a Scientist	NIH Intr Research b <u>Associate</u>	amural Clinical b Associate	NIH Extramural Postdoctoral b Fellowship	•
CURRENTLY INVOLVED IN RESEARCH	39	31	31	25	
(as faculty in a medical school, at a research institution, e.g., NIH, or published research articles in 1980)	(74%)	(58%)	(58%)	(47%)	1.
OTHER MEDICAL SCHOOL FACULTY ACTIVITY	8	9	5	8	. •
(e.g., clinical dept. appointment, or research not specifie as current activity)	. ,	(17%)	(10%)	(15%)	
PRACTICE	3	2	6	7	
(i.e., known to be in practice, exclusive of research and teaching	f	(4%)	(11%)	(13%)	
NO INFORMATION	3	11	11	13	
(non-respondent and current activity not discernable from available data)	(6%)	(21%)	(21%)	(25%)	
ALL GRADUATES	53 (100%) ^c	53 (100%)	53 (100%)	53 (100%)	,
Graduates in Research or Teaching as Percent of Graduates With Known Current Career Status	96%	95%	86%	83%	



Graduates through 1973.
Comparison group matched with MSTP graduates.
Sums may differ slightly from 100% rounding.

practice (exclusive of research and teaching) and whose current career status is unknown. In interpreting these data, it should be noted that the percentage of physicians whose current status is unknown varies from a low of six percent of the MSTP graduates to 25 percent of the extramural trainees. Thus the reported percentages in the upper rows of the exhibit present a conservative view of the total picture of current research pursuits by the former research trainees. It must be acknowledged, however, that those physicians whom we were unable to locate may be more likely to be in practice than in research. However, during telephone follow-up of non-respondents the percentage on faculty were equal to that in full-time practice. Since the rates of "unknown current activity" varies among the four groups, the bottom row of the exhibit permits a comparison of the percentage of graduates from each program who currently are known to be in research or teaching.

The MST Program has the highest proportion of graduates (74 percent) who could be confirmed as currently involved in research and the largest percentage (74 percent+15 percent+89 percent) confirmed to be in research and/or other academic activities.

After adjusting the data for unknown current activity, the MST and NIH research associates programs share the highest percentages of graduates in research and teaching, 94 percent and 95 percent, respectively. The percentages for NIH clinical associates (86 percent) and extramural trainees (83 percent) are also high.

2. <u>Faculty Rank</u>. Exhibit IV.3 presents the number and percentage of graduates from each program for whom current faculty rank has been ascertained. The mean number of years that elapsed between medical school entry or graduation and first appointment is also shown. Compared to other cohorts of medical school entrants,

FACULTY RANK OF PROGRAM GRADUATES

TRAINING PROGRAMS

	NIGMS Medical Scientist	NIH Intra Research b Associate	Clinical b	NIH Extramural Postdoctoral b Fellowship
INSTRUCTOR OR RESEARCH ASSOCIATE	5	4	6	7 *
RESEARCH ASSUCTATE	(17%)	(22%)	(23%)	(23%)
ASSISTANT PROFESSOR	12	11	19	18
PROFESSOR	(41%)	(61%)	(73%)	(60%)
ASSOCIATE PROFESSOR	11	3	1	5
PRUFESSUR	(38%)	(17%)	(4%)	(17%)
FULL PROFESSOR	1	<i>y</i> 0	0	0
	(4%)	(.0%)	(0%)	(0%)
TOTAL GRADUATES WITH	29	18	£6	30
KNOWŅ FACULTY RANK	(100%)	(100%)	(100%)	(100%)
Average Elapsed Time to First Faculty Appor from Medical school-	intment			· · · · · · · · · · · · · · · · · · ·
Matriculation (years	s) 9.7	10.2	10.7	9.6
Graduation	.3.7	6.2	6.7	5.6



MSTP graduates join faculties after about the same total time interval. However, these MSTP graduates advanced to the higher academic ranks sooner than did graduates of other programs. Forty-two percent of the MSTP group achieved the rank of associate professor or full professor by 1981, compared with 17 percent of the research associate group, 4 percent of the clinical associate group and 17 percent of the extramural trainee group.

3. Research Grant Applications. The numbers of grant applicants and applications to NIH and ADAMHA from each of the four groups of training program graduates are presented in Exhibit IV.4. Also presented are the number of approved applications, approval rate, and the mean and standard deviation of raw and normalized priority scores and of "success" scores. These statistics are presented both for new applications and for "all" (new and competing renewal) applications.

Of the four research training programs the MST Program has the largest number of graduates (19) who participate in the competition for NIH research support, and they account for the largest number of grant applications (53). All four programs have admirable indicators of successful grant competition. No one group of graduates, however, shows a consistently superior record of grant success over the other groups.

The MST, clinical associate and extramural program participants share high approval rates of both no (79 percent to 85 percent) and all (79 percent to 81 percent) grant applications. (The approval rate of all research grant applications to NIH during these years was about 70 percent.*) The approval rates for former research associates is lowest (12 percent of new, 54 percent of all applications). but they are based on the smallest numbers of applications of all four groups.

For comparble statistics for a sample of medical school faculty see, Sherman and Morgan (1979), cited above.

NIH GRANT SUCCESS RATES FOR SELECTED GRADUATES OF FOUR NIH RESEARCH TRAINING PROGRAMS

TRAINING PROGRAMS

	NIGMS	NIH Intr	amirwa I	NIH
	Medical Scientist a	Research Associate	Clinical Associate	Extramural Postdoctoral Fellowship
Number of Graduates	53	53	53	53
Number of Grant Applicants	· 19	11	14	15
New Applications:		e"	•	
Number	42	23	23	26
Approved	33	12	19	22
Approval Rate	(79%)	(52%)	(83%)	(85%)
Raw Priority Score	216 ⁺ 94 ^c	204-106	216 ⁺ 82	226 ⁺ 85
Normalized Priority Score	221-87	204 ⁺ 86	216 ⁺ 54	232 ⁺ 71
"Success" Score ^d	281 ⁺ 139	345 ⁺ 163	274 ⁺ 110	273 ⁺ 118
All Applications:		•		•
Number	53	26	32	30 [,]
Approved	42	14	26	24
Approval Rate	(79%)	(54%)	(81%)	(80%)
Raw Priority Score	217-93	207 ⁺ 100	224-82	219 ⁺ 85
Normalized Priority Score	223-86	216+87	233 ⁺ 60	224 ⁺ 73
"Success" Score ^d	284-136	347 ⁺ 158	283-119	" "4 [†] 130

d Graduates through 1973.



Comparison group matched with MSTP graduates.

Mean score plus or minus one standard deviation.

"Success" score is equal to normalized score for approved applications, and is equal to 500 tor disapproved applications.

Priority scores are scaled such that low scores are "better" than high scores. The range of possible scores is from 100 to 500. Normalized scores have a mean of 250. All four sets of applications, both for "new" and "all" applications, have mean normalized scores somewhat below 250, i.e. better than the average for all applicants. The best (lowest) priority scores, both raw and normalized, were for applications from to the NIH research associates. (This group, however, also had the lowest approval rates). Due to variability within groups of applications and to small numbers of applications, differences among the average scores are generally not statistically significant.

Overall "success" scores were highly favorable for MST, clinical associate and extramural program graduates. (The average "success" score for all applications, to NIH. assuming a 70 percent approval rate, would be 325). "All" and "new" applications from research associate program graduates had the highest (least favorable) average "success" scores.

4. <u>Published Articles</u>. There are marked differences among the four groups of physicians in the quantity and scientific depth of the articles they publish. Exhibit IV.5 presents the number of authors in each group of 53 physicians and the number of references found in the MEDLARS bibliographic system of the National Library of liedicine to articles that were verified to have been written by the selected graduates of the four research training programs. The 2,792 articles are also classified by the research "level" of the journals in which they were published.*

Of the four groups, graduates of the MST Program are the most prolific authors (995 articles). The matched comparison groups of former extramural

For a full description of research "level" and its derivation, see Narin, F. Evaluative Bibliometrics. Cherry Hill, N.J.: Computer Horizons, Inc., 1976 (NTIS: RPB 252339/AS)

trainees produced the fewest articles '408). Matched research associates published 716 articles and clanical associates published 673 articles.

All groups published articles in journals of all scientific "levels", but their distributions among the four categories differ substantially. MSTP graduates and matched research associates published predominately in journals characterized by high degrees of scientific rigor, e.g., <u>Journal of Biological Chemistry</u> and <u>American Journal of Physiolo</u>. The modal journal category of articles by clinial associates and extramural ginees is "level 2"; journals in this category, such as the <u>New England Journal of Medicine</u>, usually contain a mix of reports on clinical investigation and clinical observation. Of the four groups of trainees, former clinical associates and extramural trainees publish most frequently (16% and 17%, respectively) in journals emphasizing clinical observation, e.g., the Journal of the American Medical Association.

The 2,792 articles tallied in Exhibit IV.5 do not represent the entire published output of the physicians compared in this analysis. Books and chapters in edited volumes will have been overlooked. It is not likely that this will introduce a strong bias in the group comparisons. Nevertheless, since 82 of the physicians have also supplied C.V's with lists of publications, there is now an opportunity, given more time than is now available, to examine the MEDLARS method for possible sources of bias by comparing its results with articles, books, chapters and other publications listed on the C.V.'s

D. <u>Discussion</u>. In the above section statistical comparisons were made of four groups of physicians who received research training via four different NIH-supported programs. The physicians were carefully matched, using the MSTP caduate as a reference group, for having <u>entered</u> medical school at the same time, having comparable levels of ability (MCAT scores), and having attended the

EXHIBIT IV.5

PUBLISHED ARTICLES BY GRADUATES OF FOUR NIH RESEARCH TRAINING PROGRAMS

TRAINING PROGRAMS

	NIGMS Medical Scientist ^a	NIH Intram Research Associate	nural Clinical _b <u>Associate</u>	NIH Extramural Postdoctoral _b Fellowship
NUMBER OF AUTHORS (among 53 graduates in each group)	50	46	51	45
MEDLARS references to articles published in journals at:			. ,	
LEVEL 4 (e.g., Amer. Journal Physiology)	519 I (52%)	296 (41%)	84 (13%)	31 (8%)
LEVEL 3 (e.g., Journal of Clinical Invest.)	2 5 8 (26%)	147 (21%)	170 (25%)	64 (16%)
LEVEL 2 (e.g., N.E.J.M.)	90 (9%)	136 (19%)	218 (32%)	169 (42%)
LEVEL 1 (e.g., J.A.M.A.)	27 (3%)	52 (7%)	108 (16%)	69 (17%)
LEVEL NOT ASSIGNED (e.g., new or obscure journals)	101 (10%)	84 (12%)	93 (14%)	70 (17%)
ALL REFERENCES	995	716	673	408
• • • • • • • • • • • • • • • • • • • •	(100%)	(100%)	(100%)	(100%)

Graduates through 1973.
 Comparison group matched with MSTP graduates.

of the first 53 successful graduates of this very selective program. Because of the matching criteria, however, the three comparison groups may not be entirely comparable to all the graduates of each training program.

Given comparable research trainees, all four programs were highly successful in producing physician scientists. Exhibit IV.2 underscores this finding; it also shows that the NIGMS Medical Scientist Training Program was the most successful. Also, by 1981 a significantly larger proportion of MSTP graduates had achieved tenured ranks than those who completed other training programs (Exhibit IV.3). This finding may be due, at least in part, to an advantage conferred by the rigorous research experience required to earn the PhD degree in excellent training programs.

The research grant application statistics (approval rates and priority scores, Exhibit IV.4) show again that all four groups are successful competitors for research support. No one group is superior to the other three on all criteria of grant success. The NIH research associates appear to have the best priority scores, but they also have the lowest approval rate for research proposals.

The different publications by the four groups of physician scientists (Exhibit IV.5) show clearly that the four programs have different products. Graduates from the MSTP and matched NIH research associates conduct much basic as well as clinical research. Research by matched NIH clinical associates and matched extramural trainees includes a relatively higher proportion of clinical observations and clinical investigations. The MSTP graduates are the most prolific authors of published research. NIH extramural trainees make notably fewer contributions to the medical and scientific literature.

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It should be remembered that during the period of training encompassed by this study (1963 to 1975) some factors that affected career choice were different from those in subsequent years and that this difference may affect the generalizability of these data to the present or future. One factor, the medical military draft and the acceptability of service in NIH associate programs as an alternative to active military duty, probably increased the number of highly qualified candidates for these positions. In those years, the NIH associate programs could be more highly selective than they are now. The MSTP, on the other hand, continues to be highly selective and chooses participants earlier in their medical career, usually upon admission to medical school. Another factor of possible influence on career choice is the absence of research service "payback" for extramural trainees prior to 1975. The effect of "payback" on career planning by today's medical school graduates is shown in Chapter V. to be minimal. Even without the "payback" incentive, extramural trainees may be seen (Exhibit IV.2) to continue their teaching and research involvement at a substantial rate (83% of trainees whose current activity is known, 62% of all trainees).

This last fact is in such striking contrast to "current wisdom" about the career activities of extramural postdoctoral trainees that it deserves corroboration. It has been widely believed, on the basis of anecdotal data, that the majority of such trainees entered practice rather than academic careers in research and teaching. (Indeed, this belief was a major factor in the 1974 addition of the "payback" requirement to the Congressional authority for research training). We have verified the fact that a high percentage of those who received NIH postdoctoral research fellowship support did serve, and continue to serve, in research and teaching positions on U.S. medical school faculties. This verification was accomplished by the simple, direct matching of the names of all recipients



AAMC Faculty Refer file (Exhibit IV.6). Of the 26,307 MDs who received NIH extramural postaniaral support, 13,527 or 51% were on the Faculty Roster in 1980.* This figure nees very well with the 47% found (Exhibit I.V.2, row 1, column 4) in the convenience survey in the comparison sample as 62% of the collision of respondents; similar results can be expected for the total population. With the sample data thus verified, one can confidently assert that NIH extramural research fellowship support over several decades has produced researchers and teachers in 62 percent to 83 percent of all those who ever received such support.**

This match included trainees whose support began prior to 1974 and fellows whose support began prior to 1975 matched with MDs having either active or inactive appointments as indicated on the Faculty Roster in January 1980.

Comparison of NIGMS MSTP data in Exhibits IV.2 and IV.6 is <u>not</u> valid since most of this predoctoral program's graduates between 1973 and 1975 were still in postdoctoral training status at the time of the match shown in Exhibit IV.6.

EXHIBIT IV.6

OVERLAP OF AAMC FACULTY ROSTER WITH ROSTER OF ALL GRADUATES OF FOUR NIH RESEARCH TRAINING PROGRAMS

TRAINING PROGRAMS

	NIGMS Medical Scientist ^a (predoctoral)	NIH Intramus Research Associate (postdoctoral)	ral Clinical <u>Associate</u> b (postdoctoral)	NIH Extramural Fellowship (postdoctoral)
Number of Physicians Trained	126	743	1,591	26,307
Number of Physicians on raculty Roster	38	393	804	13 ,527
Percent of Traingle on Faculty Roster	30%	53%	51%	51 %



a Graduates through 1975, see text for explanation and caveat. Trainees through 1976.

APPENDIX TO CHAPTER IV





association of american medical colleges

January 22, 1981

Dear Colleague:

The Association of American Medical Colleges (AAMC) is engaged in a study of several routes by which physicians obtain research training to prepare them to provide exemplary patient care, conduct clinical and basic research, and serve as faculty members in American medical schools. The study is focused on the NIH Clinical Associate Program (intramural), the NIH Research Associate Program (intramural), the NIH Medical Scientist Training Program (extramural) and all other extramural, post-MD, research fellowship programs supported by NIH.

As a result of a careful selection and matching process, you are one of 216 physicians chosen who had one or more of the training experiences we are studying. Because of the small, carefully balanced sample of program participants, it is imperative that we achieve a high rate of cooperation. I urge you to assist in this worthwile endeavor simply by 1) providing us with your Curriculum Vitae (C.V.) that accurately and completely reflects your medical career, and 2) completing the enclosed one-page form.

We expect that some of you are not now pursuing research careers. If this is the rase we are interested in knowing whether your research experiences benefited you medical practice and whether your practice is occasionally related in any way to research projects. Also, we would like to know about all research training you received and, if possible, the sources of support for each research experience. If you have pursued an academic medical career, we would like to know the institutions and dates of your successive appointments. We would also like a listing of your publications. No doubt, most of this information is contained in your C.V., but if it is not, please complete the applicable portions of the attached form.

The data you provide will be treated confidentially by the AAMC. Only aggregate statistics that do not identify you will be publicly reported. The results will be used in turn by the AAMC, the National Academy of Sciences and the National Institutes of Health to help in the development of clinical research manpower training policies and programs.

I hope that you will be willing to participate in this important study. A pre-addressed, pre-paid envelope is enclosed for your C.V. and other responses. If you have any questions about this survey please telephone Dr. Charles Sherman (202-828-0429) or Dr. Thomas Morgan (202-828-0480) collect.

Sincerely,

John A. D. Cooper, M.D.

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PLEASE COMPLETE ANY ITEMS THAT ARE NOT COVERED COMPLETELY ON YOUR C.V.

A. RESEARCH TRAINING-List post-MD research fellowships and training experiences.

Type of experience	Dates	Institution	Source of support
(e.g., research "fellowship"	"1975-76"	"Duke"	"NIH")
	•		
2			

2.

3.

RESEARCH GRANTS AND SUPPORT-List research grants and research contracts.

Туре	Dates/ <u>Duration</u>	Institution	Source'
(e.g., "single investigator"	"1977-80"	"Duke"	"NIH")

1.

2.

3.

4..

PUBLICATIONS-Attach list of all publications (research and non-research)

ACADEMIC CAREER-List all faculty positions held

Rank/Title .	Department	Dates	Institution
(e.g., "Asst. Prof."	"Medicine"	"1971-72"	"Duke Med. Center")

1.

2.

3.

4.

Flease comment on how you believe research training and experience has affected your medical career. (Use reverse if necessary)

V. MD GRADUATES OF 1980 AND THEIR PLANS FOR RESEARCH INVOLVEMENT

A. Background

In December 1979, the AAMC distributed an extensive Graduation Questionnaire to all senior medical students. Responses were received from 10,215 students, 67 percent of all seniors who were expected to graduate in 1980.

The responses to the Graduation Questionnaire were matched with records of answers provided by each student to a questionnaire administered with the Medical College Admissions Test (MCAT), the individual's MCAT scores, and with records from the application for admission to medical school.

The following analyses of questions related to research ambitions, factors that affect career plans and measurements of personal ability provide information that may contribute to the discussion and recommendations of the Clinical Sciences Panel. General questions addressed here include:

- (Section B) Who are the people interested in research and how are they different from those who are not interested in research?
- (Section C) How many students view research-related careers as their "second choice?" flow do they differ from students choosing research careers "first" and from those excluding research from both first and second choice career plans? How do these three groups differ in ability, in accumulated debt, and in attitudes toward "payback" and other factors that may affect choice of research involvement?

- (Section D) Is research interest stable from application to medical school through graduation, and, if not, are there medical school experiences that might explain this change?
- (Section E) What effect does having a PhD before entering medical school have on research plans at graduation? How many

 PhDs-turned-MD graduate annually from U.S. medical schools and how do their research plans differ from students who earn their PhD while in medical school or from students who do not earn PhDs?
- (Section F) What are the career plans of students planning to seek research fellowships? How are perceptions of available research training support related to plans to seek a research fellowship?
- (Section G) How does the proportion of graduating medical students in 1980 favoring research compare with the proportions in 1960 and in other recent years (1978, 1979) for which comparable data are available?

B. <u>Expressions of Research Interest</u>

Several questions on the AAMC Graduation Questionnaire permitted students to express varing degrees of interest in research-involvement in their ensuing careers. Responses to these questions indicate the current thinking of graduating seniors and are, for each individual, subject to change as each career evolves. Aggregated responses, however, are predictive of the behavior of the entire group. Section G summarizes previous data comparing medical research career plans and outcomes.

In question 21, students were asked to indicate their first, second and third preference for alternative careers. The first four response alternatives indicate research interests:

1		
	1	indicate your first, second and third preferences for the different career aclisted below by writing their code numbers on the lines below:
	first ct	noice: ()
	second	choice: ()
-	third c	hoice: ()
ĺ	Full-ti	me academic faculty appointment:
	(01)	basic science teaching and research (e.g., anatomy, biochemistry)
	, .	clinical science teaching and research, including patient care (e.g., internal
	١.	medicine, surgery)
	l l	d research scientist (e.g., in pharmaceutical industry, federal agency, gency):
	1	basic medical sciences
	1	clinical sciences
	, ,,,,	
	Private	e clinical practice (e.g., in a private office, paid by fee-for-service):
	(05)	alpne
	1 .	partnership with one other physician
•		in a group of 3 or more physicians
	(08)	undecided among 5, 6 and 7
	Salarie	ed clinical practice, employed by:
	1	hospital
	(10)	prepaid group clinic
	.(11)	state or federal agency (e.g., VA, Armed Forces, Public Health
		Service)
	(12)	Administration - No practice (e.g., hospital administrator, state
		or federal agency administrator, association or academic executive,
		business executive).
	1	· · · · · · · · · · · · · · · · · · ·

The numbers and percentages of people giving each possible response for first, second, and third choice are tabled in Appendix V.1 following this chapter. In summary, 21.8 percent checked one of the four research categories as their <u>first</u> choice; 12.2 percent checked a research category as their second choice but not as first; 66.0 percent checked only the clinical practice categories as first and second choices. These three groups of graduating seniors are compared statistically in this chapter of the report. The second group of graduates, those giving research as their second but not

least preference, may be of particular interest. This group may be most susceptable to influences targeted to increase the pool-size of future clinical investigators.

A second question, Question 19a&b, indicates students preferred degree of involvement in future research:

III. POST GRADUATE CAREER PLANS

19a. How extensively do you expect to be involved in research during your medical career (Circle only one code number):

- (1) exclusively
- (2) significantly involved (several years set aside for full-time research or 25% or more of continuous career devoted to research pursuits)
- (3) somewhat involved (one year or less set aside for research or less than 25% of continuous career)
- (4) involved in a limited way (e.g. occasional cooperation with clinical trials of new drugs or medical devices in my practice)
- (5) not involved
- b. How extensively would you like to be involved in research during your medical career (Indicate one of the above code numbers):

(Appendix V.2 provides counts and percentages of students giving each response.) Very few 1980 graduates (0.3 percent) expect to be exclusively involved in research during their medical careers; they would be about 47 of the 15,250 graduating MDs in 1980. Another 9.2 percent expect to be significantly involved, defined as "several years set aside for full-time research or 25 percent or more of continuous career devoted to research pursuits."

Another 28 percent of 1,980 graduates expect to be <u>somewhat</u> involved, that is, "one year or less set aside for research or less than 25 percent of continuous career in research." Thus 37.5 percent of students expect to be involved for one or more years (the first three categories of response) during their medical careers. Another 45.8 percent expect <u>limited</u> involvement through clinical trials or drug testing as part of their practices. Finally, 15.3 percent expect no involvement, and 1.4 percent did not respond to the question.

There is a strong correspondence between the degrees students <u>expect</u> and <u>desire</u> research involvement, but many students (16 percent of those responding to both halves of the question) expressed a desire for a higher level of research involvement than they expect to be able to achieve.

The correspondence between type of research involvement (Question 21.1, "First Choice") and expected degree of involvement (Question 19a) is presented in Exhibit V.1. Those expecting exclusively research careers are those who choose academic settings and predominantly basic science fields. Of the students foreseeing academic clinical science careers, 48 percent see themselves "somewhat involved" (less than 25 percent of their time) in research.

In the above paragraphs we defined three groups of graduating seniors according to their first and second choices of career alternatives. For brevity in the following sections presenting statistical comparisons and discussion, we will refer to the three groups as:

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NUMBER OF 1980 GRADUATING MEDICAL STUDENTS INDICATING DEGREE OF EXPECTED RESEARCH INVOLVEMENT, BY "FIRST CHOICE" TYPE OF CAREER

"FIRST CHOICE" CAREER TYPE

•		Basic Scie Research a	nce nd/or Teaching	Elinical S Research a	Science and/or Teaching	Practice or Administration	_
		<u>Academi</u> c	Non-Academic	Academic	Non-Academic	(8 categories combined)	, <u>All</u>
DEGREE	Exclusively	16**	1	6	i	ż	26
,OF	Significantly	42	1	741	17	116	917
INVOLVEMENT	Somewhat	17	3	983	15	1807 •	2825
IN .	Limited	[*] 5	4	260	2	4384	4655
RESEARCH*	None	, 1	C	28	0	1506	1535
	Total	81	9	2018	35	7815 ***	*9958



^{*}For definitions, see text.

**For population estimates, multiply number of students by 1.53

***257 cases missing one or both responses

ī.	Research Firsts	2,199	21.8%
II.	Research Seconds	1,237	12.2%
ĦII.	Non-researchers .	6,657	66.0%
Total	of classified respondents	10,093	100.0%

C. Shift in Research Career Attitudes During Medical School

How stable are research interests between application to medical school and graduation? Are changes in attitude related to the type of school environment? The matching of answers given before medical school with answers given to the Graduation Questionnaire permits an answer to these questions. Exhibit V.2 tabulates responses given to the MCAT Questionnaire against responses given at the end of medical school. Students whose early plans included research but who, at graduation from medical school, chose research careers second (2.6 percent) or not at all (10.1 percent) may constitute a loss to research (sum equal 12.7 percent). Their number is approximately balanced, however, by people adopting a career posture favorable to research during medical school (12.9 percent). The Research Seconds at graduation are predominately (931/1179 = 79.0 percent) people who had no research plans when they entered medical school. However, Research Firsts are also largely from the group of matriculants who had no research plans (1221/1973 = 61.9 percent).

The influence-of medical school environment on change in attitude toward research may be examined using these data. All responding students may be classified into one of four categories depending upon whether their career plans before and after medical school showed a shift toward research, a shift away from research, constant plans that include research, or constant non-



RESEARCH CAREER PREFERENCES BEFORE AND AFTER MEDICAL SCHOOL

1980 GRADUATION CAREER CHOICE GROUP

	•	I RESEARCH FIRSTS	II RESEARCH SECONDS	III - NON- RESEARCH	ALL
RE-MEDICAL CAREER PLANS:				•	d
RESEARCH *		752	248	957	957 ₇
		7.9%	2.6%	10.1%	20.6%
NON-RESEARCH **		1,221	931	5,376	7,528
,		12.9%	9.8%	56.7%	79.4%
				•	
Totals		1,973	1,179	6 ,3 33	9,485
	÷	20.8%	12.4%	66.8%	100.0%



^{*} Indicated "research and/or teaching," "combination of specialty practice, research and/or teaching" or "MD technologist/scientist" MCAT Questionnaire

^{**} Indicated "general practice," "specialty practice," "administration," "other" or "undecided" on MCAT Questionnaire

research career plans. Further, medical schools may be classified according to their research activity as either "research intensive" or "other."* The numbers in each category attending research intensive medical schools and other medical schools is presented in Exhibit V.3.

The percentage of students attending research intensive schools who held research ambitions throughout medical training (13.5 percent) is nearly twice the corresponding percentage of students at other schools (7.0 percent). The percentage shifting toward research is also higher at research-intensive schools than at other schools (27.3 percent vs. 12.1 percent). However, the percentage shifting away from research is also higher at research-intensive schools (14.8 percent vs. 12.4 percent at other schools). But the balance is a small net shift toward research at research-intensive and a very small net shift away from research at other schools.

D. Comparisons of Future Clinical Researchers and Non-researchers

In this section the three career-choice groups, Research Firsts, Research

Seconds and Non-researchers are compared on biographical characteristics, medical
school environment, research experiences during medical school, accumulated debt,
and relative personal importance of factors that affected their career choices.

In Section C, above, their career plans are compared with their career plans expressed
when applying to medical school. In Section F their career plans are compared
with their plans to seek a postgraduate research fellowship.

^{*} All medical schools were divided into two groups based on a somewhat arbitrary criterion of research intensiveness. One group included the fifteen institutions with the highest expenditures for sponsored research reported on the 1975-1976 Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, Annual Report on Medical Schools Financing. The other group included all other U.S. medical schools. This is the same grouping used by C.R. Sherman and T.E. Morgan in a previous study, "Education Patterns and Research Grant Success of Medical School Faculty, "Washington, D.C.: AAMC, January 1979.

EXHIBIT V.3

SHIFT IN RESEARCH CAREER ATTITUDE BY RESEARCH INTENSIVENESS OF MEDICAL SCHOOL ATTENDED

TYPE OF MEDICAL SCHOOL ATTENDED

<i>r</i>		RESEARCH INTENSIVE *	OTHER	ALL *
SHIFT IN RESEARCH CAREER PLANS DURING	Constant Research	N 187 % 13.5	565 7.0	752 7.9
MEDICAL SCHOOL:	Toward Research	N 2 3 9 % 17.3	982 12.1	1221 12.9
· .	Away From Research	*N 204 % 14.8	- 1001 12 . 4	1205 12.7
\right\(\).	Constant Non-research	N 751 % 54.4	5556 · 68.6	6307 66.5
	Total	N 1381 % 100.0	8104 100.0	9485. 100.0

For definition, see text.

- 1. Medical College Admissions Test (MCAT) The three groups differ significantly in their mean MCAT scores. The group means are tabled in Exhibit V.4. The Research First group has the highest mean and the Research Second group has the second highest mean for all four tests;
- 2. Parents' Education As is commonly observed, medical students are likely to be the children of parents with high levels of education. Students with expressed research ambitions are slightly more likely than other students to come from families at the highest education levels. The percentages of students having parents at each educational level are tabled in Exhibit V.5.
- 3. <u>Gender</u> There is no statistically significant difference between the sexes regarding preferences for research careers. Seventy-seven percent of responding senior medical students are male, 23 percent are female. The Research Firsts group and the Research Seconds both included 76 percent males and 24 percent females. The "Non-research" group was 77.7 percent males and 22.3 percent females.
- 4. Race Graduating medical students who are American Indians, blacks and Mexican Americans are less likely than whites (16.7 percent, 1.4 percent, 9.8 percent vs. 21.9 percent, repectively) to be interested in research careers. as their first choice. They are also less likely to include research as their second choice careers (11.9 percent, 8.3 percent, 11.1 percent vs. 12.2 percent). Compared with white students, however, students of Asian Pacific heritage and Hispanic backgrounds (other than Mexican-American) are more likely to express interest in research careers as their first choice (25.5 percent, 23.9 percent vs. 21.9 percent). The percentages of Asian Pacific and "other" Hispanic students choosing research careers "second" are 11.1 percent and 19.2 percent.



EXHIBIT V.4

MEAN MCAT SCORES FOR THREE GROUPS & OF GRADUATING MEDICAL STUDENTS

CAREER CHOICE GROUP

•	•	Off the transfer of the transf			
	I RESEARCH FIRSTS	II RESEARCH SECONDS	III NON RESEARCH	F (df=2 & 9510)	
MCAT-Verbal	 591	577	, 5 63	60.1	
MCAT-Quantitative	653	637	631	55.4	
MCAT-General	567	556	545	66.8	
MCAT-Science	637	624	615	71.7	

All F-values are significant at p<.0001

EDUCATION LEVELS OF PARENTS OF THREE GROUPS OF GRADUATING MEDICAL STUDENTS (Percentages)

CAREER CHOICE GROUP

	•	I RESEARCH FIRSTS	II RESEARCH SECONDS	III NON RESEARCH	ALL
, , , , , , , , , , , , , , , , , , ,	୍ଦି S'				•
EDUCAT	ION			••	
	8th Grade	4.3	3.8	5.7	5.1
	Some H.S.	4.0	3.7	5.0	. 4.6
	H.S. Grad.	13.4	12.8	14.6	. 14.1
	Tech/Bus.	3.6	3.9	4.5	4.2
	Some College	12.8	15.1	13.3	13.4
•	College Grad.	19.2	19.5	20.4	20.1
	Graduate/Prof.	42.3	40.7	³36:3	38.0
	Other .	.3	.5	.1	
•	TOTAL	100.0	100.0	100.0	100.0
	(Numbers of Students)	(1971)	(1177)	(6330)	(9478)
	:		•••	:	,
MOTHERS EDUCAT	S' <u>ION</u>		•		•
	~8th Grade	2.7	3.1	3.4	3.2
	Some H.S.	4.3	3.4	4.5 "	4.3
	H.S. Grad. $_{\mathcal{E}}$	25.5	25.2	26.2	25.9
*	Tech/Bus.	6.4	78.1 .	7.1 •	7.1
•	Some College	19.5	17.7	19.3	19.2
	College Grad.	22.0 •	22.4	24.1	23.5
	Graduate/Prof.	19.0	19.1	14.9	16.3
	Other .	.6	.6	.5	, 5 ,
	TOTAL .	100.0	100.0	100.0	100.0
	(Numbers of Students)	· (1969)	(1178)~	(6326)	· <(9473)

Medical School Research-oriented medical students are proportionally more likely to be graduating from privately-owned medical schools. Exhibit V.6 presents the numbers and percentages of the three groups of students graduating from public and from private schools.

Research-oriented medical school seniors are also relatively more concentrated in research intensive medical schools. (Research intensive is defined in Section III.C above). However, 78 percent of medical students with research career plans earn their MDs at "other" medical schools. Exhibit V.7 presents the numbers and percentages of students in the three career choice groups graduating from both groups of schools.

6. Experiences During Medical School Twenty-four percent of all graduating seniors reported having participated in a research project as an investigator during medical school. Of the Research Firsts, 45.3 percent reported such an experience, compared with 24.2 percent of the "Research Seconds" and 16.3 percent of the "Non-research" career-oriented graduates.

Fifteen percent of all graduates in 1980 were sole or joint authors of research papers during medical school. For the three career groups the percentages are "Research Firsts," 31.4 percent; "Research Seconds," 15.0 percent; "Non-research," 9.9 percent.

Students with first-choice research plans at graduation were more likely to indicate a "major emphasis" given to research technique in the instructional programs of their medical schools (9.5 percent of "Research Firsts," 3.3 percent of "Research Seconds," 2.7 percent of "Non-research" graduates). These data are not surprising. Of greater interest may be the observation that 73 percent of the Research Firsts (and 81.3 percent of all graduating seniors) report "none" or minor" to describe the emphasis given to research techniques in their educational programs during medical school.

EXHIBIT V.6

RESEARCH CAREER ORIENTATIONS OF RESPONDING 1980 MEDICAL SCHOOL GRADUATES BY PUBLIC VS. PRIVATE SHCOOL OWNERSHIP

CAREER CHOICE GROUP

	RESEARCH FIRSTS	RESEARCH SECONDS	III NON- RESEARCH	ALL
Private	i,173	539	2,444	4,156
	53.3%	43.6%	36.7%	41.2%
Public .	1,026	698	4,213	5,937
,	46.7%	56.4%	\$ 63.3%	58.8%
All Schools				
ATT 30110013	2,199	1,237 ₅	6,657	10,093
`.	100.0%	100.0%	100.0%	100.0%

EXHIBIT V. 7

RESEARCH CAREER ORIENTATION OF 1980 MEDICAL SCHOOL GRADUATES BY RESEARCH INTENSIVENESS OF MEDICAL SCHOOL

CAREER CHOICE GROUP

	I RESEARCH FIRSTS	II RESEARCH SECONDS	III NON- RESEARCH	ALL
Research Intensive*	484	197	824	1,505
Medical School	22.0%	15.9%	12.4%	14.9%
Other Medical	1,715 .	1,040	5,833	8,588
Schools .	78.0%	84.1%	87.6%	85.1%
All Schools	2,199	• 1,237	6,657	10,093
•	, 100.0%	100.0%	100.0%	100.0%

^{*}For definition, see text.

7. <u>Debt</u> It is commonly understood that the early and lifelong earnings of academic physicans is less than the comparable average earnings of physicians who do not serve on medical school faculties. One personal factor that may influence a student's decision to opt against an academic career is a high level of debt accumulated before medical school graduation. Personal debt information was collected from graduating seniors in the following format:

			•
	•	*	Your Spouse or
	٠	You	Spouse-to-be
Loar	ns for premedical		
educ	cation/college	\$	\$
Loai	ns for medical school	5	s
			· · · · · · · · · · · · · · · · · · ·
	ou received any scholar		scal school training, please ircling the code numbers of
. If yı indi	ou received any scholar		
. If you indicate all was (1) (2)	ou received any scholar cate the types (do not which are applicable: Armed Forces NHSC (PHS)	indicate loans) by c	ircling the code numbers of
. If yo indi all v	ou received any scholar cate the types (do not which are applicable: Armed Forces NHSC (PHS)	indicate loans) by c	
. If you indicate all was (1) (2)	ou received any scholar cate the types (do not which are applicable: Armed Forces NHSC (PHS)	indicate loans) by c	ircling the code numbers of
. If you indicall we (1) (2) (3)	ou received any scholar cate the types (do not which are applicable: Armed Forces NHSC (PHS) State (please specify t	indicate loans) by ci	ircling the code numbers of

The average of the sum total debt for "you" and "your spouse or spouseto-be" for 4,230 seniors reporting such data in 1980 is \$14,638. (This average includes students reporting zero debt and is therefore less than / the \$17,736 average reported elsewhere that includes only non-zero debts). Exhibit V.8 presents the mean debts for each of the three career choice groups Those indicating research careers as their second choice have an average debt of about \$1,000 more than those choosing research careers "first." Nonresearchers have the lowest average level of debt upon graduation. The difference between Research Firsts and Research Seconds is small (and not statistically significant) relative to the absolute level of debt. These data do not indicate an economic disincentive against research for students with some interest in research careers but with uncomfortable levels of accumulated educational debts at graduation from medical school. Analysis of other questions ir the next section of this chapter shed additional light on the relative importance of financial consideration as research career incentives and disincentives.

Factors that Influence Research Career Choice In the following format, all graduating senior medical students were asked to indicate the degree of influence each of nine factors played in their current expectations of research involvement during their ensuing medical careers:

AAMC 1980 Medical Student Graduation Questionnaire Survey Summary Report for all Schools, distributed to medical school deans.

EXHIBIT V.8

MEAN ACCUMULATED DEBT OF 1980 MEDICAL SCHOOL GRADUATES BY CAREER CHOICE

CAREER CHOICE GROUP

	research FIRSTS	II PESEARCH SECONDS	III NON- RESEARCH	ALL
Number of Students Reporting	865	513	2,852	4,230
Mean Debt (\$)	15,163	16,003	14,233	14,638
Standard Deviation	14,406	14,774	14,246	14,343



	<u>Influence o</u>	n Expect	ations for Res	earch Invo	lvem en
٠	• ,	<u>Major</u>	Moderate	Minor	Non
1)	research experience while a pre-				
	medical or medical student	. 3	2	1	0
2)	financial disadvantages of			•	
	research career	3	2	1	0
3)	challenge of search for new				
•	knowledge	3	2	1	0
4)	societal need for practitioners	3	2	1	0
5)	availability of research training				
	support	3	2	1	0
6)	obligation to "pay back" research training support by continued		•.		
	research activity	3	2	1	0
7)	uncertain availability of research				
•	funds after completion of training	3	2	1	. 0
8)	increasing frustrations of researchors			_	
	in conducting clinical research	3	2	1	0
9)	opportunity to work in academic		**		
	community	3	2	1	Ò
0)	other factors (please specify:	. 3	2	1	0

The question does not ask the student to specify whether a given factor was a positive or negative influence, only whether it was of "major," "moderate," "minor" or no concern. The ordered response categories permit the calculation of a simple scale of relative influence on which to compare the nine factors. (The scale value is the average of the response values ranging from 3, "major," to 0, "none.") The scale values are calculated separately for each of the three career choice groups. It may be cautiously assumed that the factors with high average influence scale values were generally viewed as positive influences, e.g., that perceived "societal need for practitioners" was a relatively important factor positively influencing the choice of the Non-research career group to eschew research, since this group gave this factor the highest value

on the scale, above all other factors. They also gave "societal need for practitioners" a higher scale value than did either the Research Firsts or Research Seconds.

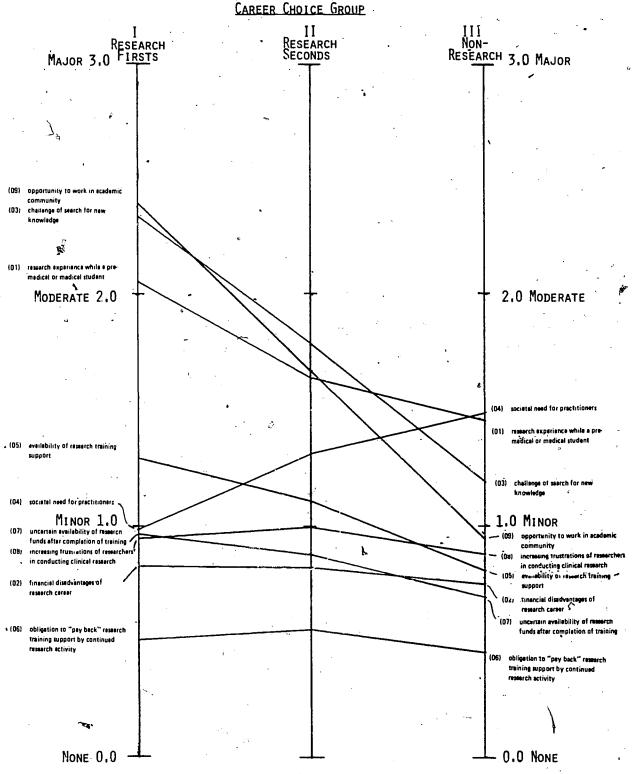
Exhibit V.9 presents the nine factors that may influence research participation, scaled for each of the three career-choice groups. (See Appendix V.3 for statistical details for Exhibit V.9.) The factors are here discussed in the order of scaled importance to the Research First graduates.

- (1) "Major" to "Moderate" Importance
 - Opportunity to work in academic community
 - Challenge of search for new knowledge
 - Research experience while a premedical or medical student

These three factors were of highest importance to both the Research Firsts and Research Seconds. They were significantly more important, however, to the Research Firsts than to the Research Seconds who scaled them all to be of "moderate" importance. "Research experience while a student" was of relatively high (albeit "moderate") importance to the Non-researchers. Could it be that, for them, the research experience was not a happy or fulfilling one?

These findings underline the importance of providing undergraduate medical students with the time and opportunity to try research, and of providing students with a clear understanding of the prospects for and rewards of academic employment.

SCALED INFLUENCE OF NINE FACTORS THAT AFFECT EXPECTATIONS OF RESEARCH INVOLVEMENT, BY CAREER-CHOICE GROUPS OF 1980 MEDICAL SCHOOL GRADUATES







- (2) "Moderate" to "Minor, Influence
 - Availability of research training support

The "availability of research training support" (and, presumably, not the lack thereof) is fourth on the scale of important factors influencing the choice to proceed with a research career. It may be inferred that a loss of such opportunities could diminish the already small proportion of graduates proceeding on to research careers.

- (3) "Minor" to "No Importance"
 - Societal need for practitioners
 - Uncertain availability of research funds after completion of training .
 - Increasing frustrations of researchers in conducting clinical research
 - Financial disadvantages of a research career
 - Obligation to "pay back" research training support by continued research activity

Except for "societal need for practitioners," these factors were all scaled to be of "minor" or "no importance" by all three career-choice groups. These results will be surprising to many people who have suggested these factors as hypotheses to explain declining participation of physicians in research.

E. Career Plans of MD-PhDs and PhD-MDs

As the average time in medical aducation and specialty training has lengthened, fewer MDs have been seeking additional training in research.

Some students, however, obtain research training in special MD-PhD programs

during medical school. Increasing numbers of medical school applicants who hold PhD degrees are being admitted even though the proportion of PhDs among applicants remains stable at about two percent. It is therefore important to ask about the potential research contributions of the PhD-turned-MD.

How do the career plans of graduating medical students who held PhD degrees before they entered medical school differ from the career plans of students who earned PhD degrees concurrently with their MD degree? Do they differ from the plans of graduating students who do not have PhD degrees? How many such PhD-MDs and MD-PhDs graduated from all medical schools in 1980?

Approximately 263 PhDs graduated from medical school in 1980. This estimate is based on 161 Graduation Questionnaire respondents from schools other than the University of Miami School of Medicine, an overall response rate of 67 percent, and the size of the special program at Miamir that recruits PhDs for medical training (23 graduates per year).

Approximately 128 concurrent MD-PhDs were awarded in 1980. This estimate is based on 86 Graduation Questionnaire respondents (excluding 8 others who had PhDs when they matriculated in medical school but erroneously reported graduating from a joint-degree MD-PhD program), and an overall response rate of 67 percent. It is known from the National Institute of General Medical Sciences that 102 Medical Scientists Training Program (MSTP) participants anticipated graduation in 1930. Thus it appears that the MSTP is now supporting about 80 percent of all concurrent MD-PhD graduates nationally.

The career plans of graduating MDs, concurrent MD-PhDs, and PhDs who are now, subsequently, receiving MD degrees are presented in Exhibit V.10. It appears that MD-PhD graduates from MSTP schools are most



CAREER PLANS OF RESPONDING 1980 GRADUATING MEDICAL STUDENTS, BY GRADUATE AND PROFESSIONAL DEGREES HELD

CAREER CHOICE GROUP III Η RESEARCH RESEARCH NON FIRSTS SECONDS RESEARCH ALL* MD-PhD from N 54 00 55 school with MST Program** % .0 1,8 100.0 98.2 MD-PhD from 28 0: 3 31 non-MSTP medical school** % 90.3 .0 9.7 100.0 PhD-MD 85 N 12 63 160 from all medical schools except % 53.1 7.5 100.0 39.4 Miami MD only, 2025 1224 N ' 6582 9831 all schools 20.6 12.5 67.0 100.0 2192 Total 6649 10,077 1236 21.7 0.00 21.3 66.0

^{*}Excludes 135 responding seniors for whom there was no record of previous degrees held, and 3 graduates of Miami program

^{**}Excludes 8 responding seniors who held PhD before entering medical school but who reported earning MD-PhD in a joint degree program.

likely (98 percent) to be planning on research careers. MD-PhDs from other schools are also highly likely (90 percent) to choose careers that will include research. PhDs who subsequently earn MDs are roughly half as likely as concurrent MD-PhDs to select research career plans first (5% percent), but they are over twice as likely to choose research than are 1980 graduates with MD degrees only (21 percent)

Thus, of all 1980 medical school graduates with doctorate level research training and with career plans that include research, approximate 1 129 are concurrent MD-PhDs and 139 are PhD-MDs (assuming 53 percent of the 263 graduating PhD-MD plan research).

The number of graduating new physicians who expect to seek research training through fellowships is examined in the next section.

F. Plans For Research Fellowships

Graduating medical students were asked in the following format to indicate whether they plan to seek post graduate research training:

	Do yo one):	ur graduate medical education plans include a research fellowship (Circle
	(1)	Yes
	(2)	No _e
	If yes	on which one of the following areas will it focus (Circle only one code er):
	(1)	basic medical sciences
	(2)	clinical medicine
	(3)	health care delivery and/or social services
	(4)	a combination of two or more of the above
K.	(5)	undecided
	(6)	other (please specify:

Over one-fourth (27.8 percent) of all responding students responded "Yes." This would indicate that, nationally, approximately 4,200 new MDs are potential applicants for future research fellowships.

٠ ۾

The areas of focus of the research fellowships to be sought by the 2,839 responding seniors would be in:

(1)	Basic medical sciences	8.5%
(2)	Clinical medicine	50.1%
(3)	Health care delivery and/or \ social services	1.9%
(4)	A combination of two or more of the above	26.0%
(5)	Undecided	10.2%
(6)	Other	1.8%
(7)	No response	1.5%
	(3)(4)(5)	 (2) Clinical medicine (3) Health care delivery and/or social services (4) A combination of two or more of the above (5) Undecided (6) Other

Most of the seniors indicating plans for a research fellowship also indicated that their "first choice" career plans include research, but, as Exhibit V.ll shows, research training will also be sought by others with primarily practice career plans. The availability of research training support was indicated by all three career choice groups to be of generally "minor" concern as a factor influencing their career plans (section D.8).

G. Research Career Preferences of the Graduation Classes of 1960, 1978.

The AAMC Graduation Questionnaire has been administered annually since 1978. Although it has been modified each year, each version has had at least one question that allows students to indicate a preference for a career that will include research activities. Similar questions were posed to the entire graduating classes of a sample of 28 medical schools in 1960. Responses to these questionnaires, taken together,



EXHIBIT V.11

CAREER PLANS AND RESEARCH FELLOWSHIP PLANS OF 1980 MEDICAL SCHOOL GRADUATES

CAREER CHOICE GROUP

•	•	I RESEARCH <u>FIRSTS</u>	II RESEARCH SECONDS	III NON RESEARCH	ALL
POST GRADUATE PLANS INCLUDE	YES .	N 1506 % 69.3	415 34.2	884 13.4	2805 28 -1
RESEARCH \ FELLOWSHIP:	NO` .●	N 666 % 30.7	-797 65.8	5701 86.6	7164 71.9
	Total	N 2172 % 100.0	$\frac{\overline{1212}}{100.0}$	6585 100.0	9969 100.0

permit an assessment of changing student attitudes toward research careers.

In 1960, 39.0 percent of 2,209 graduating seniors checked "research and/or teaching" or "combination of specialty practice, research and teaching." Additional data describing the Class of 1960 throughout their careers are available in the AAMC Archives, but the most recent study comparing career preferences at graduation with career performance after seventeen years was reported in 1979.* The study found that only 44 percent of the 1960 graduates expressing research plans did eventually conduct and publish research, and 8.3 percent of those without research plans published research in addition to carrying on medical practices.

The classes of 1978, 1979 and 1980 compare as follows:

<u>Graduation Class</u>	Percent Favoring Research Careers
1978	22.4
1979	20.3
1980	21.8

There is no clear trend in the last three years, but for all three recent years, the level of research interest is noticeably less than it was in 1960. The percentage of these who will fulfill their expressed plans is unknown, but it would have to be a very high proportion to result in the same level of research participation as the Class of 1960.

Sherman, C.R. and Morgan, T.E. A Prospective Study of Physicians and Research Careers, Washington, D.C.: AAMC, July, 1979. Soon to be republished by the Analysis and Evaluation Branch, Office of the Director National Institutes of Health.

APPENDICES

V.1 - V.3

III. POST CRADUATE CAREER PLANS

.19a.	Huw extensively	do you expect	to be involved	in research	during your medical
		only one code	110140617.		

ι, }	exclusively significantly involved (several years set aside for full-time research or 25%	26	0.3
	or ware of continuous career devoted to research parsatts)	938	9.2
	somwhat involved (one year or less set aside for research or less than 25% of cuntinuous career)	2857	28.0
4)	involved in a limited way (e.g. occasional cooperation with clinical trials of new drugs or medical devices in my practice)	4681	45.8
	not involved response	1567 146	15.3

b. How extensively would you like to be involved in research during your medical career (Indicate one of the above code numbers):()

	' the difference of the apole code numbers '.		
12	exclusively significantly involved (several years set aside for full-time research or 25%	60	0.6
	or more of continuous career devoted to research nursuits)	1254	12.3
	nometrat involved (upe year or less set aside for research or less than 25% of continuous caroer) Involved train limited way (c.g. occasional cooperation with clinical trials	3166	31.0
5)	of new drugs or medical devices in my practice) nut involved response	. 3937 1046 752	38.5 10.2 7.4

20. How much influence did each of the following factors have on your expectations of personal research involvement (Circle one number for each factor):

- v p	, and the state of			Influence	on Expo	ctations f	or Resear	ch Invol	lyement
				No Resp	Hajor	Moderate 2	Minor	None	Hean Rating
01)	rescarch experience while a pre-medical or medical student	111	Schools	372	3103	2484	1570	2686	1.6
02)	figancial disadvantages of research career	111	Schools	407	529	1549	2921	4809	0.8
03)	challenge of search for new knowledge	۸11	Schouls	421	2136	3044	2383	2231	1.5
04)	societal need for practitioners $\frac{1}{\sqrt{2}}$	A11	Schools	460	1725	2748	2521	2761	1.4
05)	availability of research training support	A11	Schools	478	682	2072	3143	3840	1.0
06)	obligation to "pay back" research training support by continued research activity	۸11	Schools	447	259	760	2392	6357	υ.5
07)	uncertain nvailability of research funds after completion of training	۸11	Schools	448	726	1430	2510	5101	0.8
08)	increasing frustrations of forearchers in conducting clinical research	۸1,1	Schools	~ 461	899	1797	2571	4487	0.9
09)	orportunity to work in academic community	۸11	Schools	480	1981	2631	2012	3111	ነ. ኛ
10)	other factors	111	Schools	8889	456	69	98	703	1.2
	•			•	•	•			•

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APPENDIX V.1

21. Please indicate your first, second and third prefe	rences for the different career activities listed below by
writing their code numbers on the lines below: first choice: () second choice: ()	third choice: ()

(e.g., anatomy, blochemistry)	/	0.8	133 1186	1.3	96	0.9
02) clinical science teaching and research, including All Schools 20 patient care(e.g., internal medicine, surgery)	/	20.2	1186	11.6		
					1247	12.2
Salaried research scientist (e.g., in pharmaceutical industry, federal agency, state agency): 03) basic medical sciences All Schools	19	0.2	53	0.5	7,7	0.8
O4) clinical sciences All Schools	36	0.4	183	1.8	208	2.0
Private clinical practice (e.g., in a private office, paid by fee-for-service): O5) alone All Schools 4	04.	4.0	365	3.6	1152	11.3
06) In partnership with one other physician All Schools 11	24	11.0	2472	24.2	927	9.1
07) in a group of three or more physicians All Schools 42	84	41.9	1932	18.9	1079	10.6
08) undecided among 5,6, and 7 All Schools 8	71	8.5	563	5.5	636	6.2
Splaried clinical practice, employed by: 09) hospital All Schools 6	37	6.2	1404	13.7	1517	14.9
10) prepaid group clinic All Schools 3	3 4	3.3	1177	11.5	1419	13.9
 state or federal agency (e.g., VA, Armed Forces, All Schools 2 Public Health Service) 	21	2.2	307	3.0	607	5.9
12) Administration- no practice (e.g. hospital All Schools administrator, state or federal agency administrator, association or academic executive, business executive)	17.	0.2	40	0.4	206	2.0
V- n	24	1.2	400	3.9	1044	10.2

ALL SCHOOLS Number Percent

22. Please indicate in which one of the regions listed below you presently plan to practice or be employed (Circle only one code number):

Ol) Northeast (Maine, N. H., Vt., Mass., Conn., R. I., N. Y., N. J., Pa., Del., Nd., D. C.)		2547	24.9
02) South (Va., W. Va., Ky., Tenn., N.C., S.C., Ga., Aln., Fla., Miss., Ark., La., Okia., Texas, Puerto Rico) 03) Hidwest (Ohio.Ind., Ill., Wisc., Minn., Mich., Iowa, No., Kansas, Neb.,	:	2388	23.4
03) Midwest (Ohio.Ind., Ill., Wisc., Minn., Mich., Iowa, No., Kansas, Neb.,		1862	18.2
04) West (Colo., N. Mex., Utah, Ariz., Nev., Calif., Wash., Orc., Idaho, Mont., Wyo., Alaska, Hawaii, U.S. Territories and Canal Zone)		2166	21.2
05) Foreign 06) Underled 07) Not applicable (please explain)		1055	10.8
No response		4 §	0.7

APPENDIX V.3

NINE FACTORS THAT AFFECT EXPECTATIONS OF RESEARCH CAREERS: MEANS AND STANDARD DEVIATIONS OF SCALE VALUES FOR THREE CAREER-CHOICE GROUPS

			1			
			I RESEARCH FIRSTS	II RESEARCH SECONDS	III NON RESEARCH	Test of Mean Group Differences F (df = 2 & 9775)
(1)	Research experience while student	(N) M SD	(2183) 20.05 1.09	- (1209) 1.64 1:17	(6386) 1.46 1.19	210.3
(2)	Financial disadvantag	e M SD	.82 .84	.83 .90	.75 .92	7.3
(3)	Challenge of search for knowledge	M SD	2.33	1.79 1.98	1.19 .98	1226.6
(4)	Societal need for practitioners	M SD	.99 .91	1.32 1.02	1.49 1.10	180.4
(5)	Availability of research training support	i∕i SD	1.32	1.11 .92	.81 .90	267.9
(6)	"Payhack" obligation	M SD	.51 .76	.55 .80	.46 .73	10.5
(7)	Uncertainty of research funds	M SD	.97 .98	.88 1.00	.69 .93	81.2
(8)·	Frustration of researchers	M SD	.95 .96	1.00 1.00	.88 1.02	9.6
(9)	Academic work opportunities	M SD	2.39 .82	1.67 1.02	.94 .98	1948.4



VI. NATIONAL ESTIMATES OF FACULTY MANPOWER IN U.S. MEDICAL SCHOOLS "1975-76 THROUGH 1977-78"

This chapter of the report is an updating of a 1977 AAMC report entitled "National Estimates of Faculty Manpower in U.S. Medical Schools, An Approach and Some Preliminary Results." The chapter is a separately bound report due to a volume of over 300 tables. It, was prepared as an aid to future projections of manpower estimates at U.S. medical schools.

The report provides statistics of the accession and attrition of medical school faculty on a departmental basis and is summarized by all departments. Summary tables of the balance of M.D.'s and Ph.D.'s in clinical departments for the three years covered in this update are provided in the following Exhibit VI.1. The fraction of M.D.'s in the clinical departments vis a vis Ph.D.'s has remained fairly constant. The departments of Pediatrics, Family Practice, Obstetrics-Gynecology, and Radiology show a gain in numbers over this period of time, but the M.D. and Ph.D. faculty balance remains approximately the same. In terms of rank, the gains in Ph.D. appointments are primarily at the Assistant Professor and Instructor level (Exhibit VI.1).

In a few departments, Anesthesiology, Medicine, Neurology, and Public Health, the increase in participation by Ph.D. faculty appears to be due to their replacing non-doctoral and other health related faculty rather than M.D. faculty.

Information from a previous study is used to compare the role of Ph.D.'s in clinical departments over a ten year period (Exhibits VI.3 and VI.4). This information shows an increase in the percentage of Ph.D.'s in all but two clinical departments. These figures also indicate that faculty holding Ph.D.'s as their primary degree increased from about 11.5 percent of the covered full-time clinical faculty in 1967 to 13.5 percent in 1977. While Ph.D.'s are increasing their role in clinical departments, the pace of this increase is slow.

The report also gives the number of vacant faculty positions on a departmental basis. These show that vacancies in clinical departments are only slightly more numerous than in basic science departments. Summary Exhibit VI.2 shows this balance for the years covered in the report.

Summary Exhibit VI.1

NUMBER AND PERCENT DISTRIBUTION OF M.D. AND Ph.D. FACULTY BY RANK AND CLINICAL DEPARTMENT FOR 1975-1978

	M.D.	- Professo	rs '	Ph.D Professors			M.D	Associate P	rofessors	Ph.D Associate Professors			
Clinical Departments	1975-76 # %	1976-77 # %	1977-78 # %	1975-76 # %	1976-77 # %	1977-78 # %	1975-76 # %	1976-77 # %	1977-78 # %	1975-76 # %	1976-77	1977-78	
Anesthesiology	242 88.6	239 88.9	264 88.1	5 1.8	5 1.9	6 2.0	222 86.4	233 86.4	240 85.7	20 7.8	19 7.0	19 6.8	
Dermatology	79 82.3	72 80.0	79 77.5	6 6.3	, 6 · 6.7	9 8.8	44 62.0	42 60.9	40 61.5	20 28.2	20 29.0	20 30.8	
Family Practice	104 82.5	117 83.6	167 83.9	16 12.7	17 12.1	23 11.6,	134 74.9	153 77.7	248 79.7	29 16.2	29 14.7	41 13.2	
Internal Medicine	1579 89.0	1734 89.4	1811 89.6	56 3.2	58 · 3.0	63 3.1	1418 80.5	1508 87.0	1567 87.1	101 6.2	113 6.5	122 6.8	
Neurology	216 81.5	237 81.2	259 80.9	21 7.9	24 8.2	د 28 8. 7	147 71.7	169 72.2	140 73.4	39 19.0	44 18.8	48 18.5	
Obstetrics/Gynecology	299 84.2	320 84.2	[*] 348 84.5	29 8.2	30 7.9	30 7.3	285 79.6	276 78.0	276 77.8	48 13.4	51 14.4	52 14.7	
Ophthalmology	109 71.2	124 70.9	124 71.3	22 14.4	27 15.4	25 14.4	100 67.1	108 67.9	97 64.7	37 24.8	39 24.5	41 27.3	
Orthopedic Surgery	100 89.3	109 86.5	115 85.8	5 4.5	6 4.8	6 4.5	73·85 . 9	73 86.9	93 86.9	6 7.1	6 7.4	8 7.5	
Otolaryngology	79 65.8	88 67.2	92 67.7	32 26.7	32 24.4	33 24.3	50 45.9´	55 45.5	50 40.0	54 49.5	60 49.6	66 52.8	
Pediatrics	637 87.9	674 87.8	733 87.5	45 6.2	47 6.1	51 6.1	589 86.1	652 86.4	711 86.3	58 8.5	63 8.3	68 8.3	
Physical Medicine & Rehabilitation	79 71.2	81 70.4	96 73.9	22 19.8	24 20.9	22 16.9	56 60.2	66 58.9	74 62 7	20 21.5	27 24.1	25 21.2	
Psýchiatry	501 63.9	543 74.3	576 63.0	246 31.4	260 30.8	288 31.5	416 56.0	459 56.6	475 56.8	276 37.2	292 36.0	296 35.4	
Public Health & Preventive Medicine	122 46.9	125 48.1	105 47:1	105 40.4	100 38.5	88 39.5	69 36.3	72-34.5	70 35.2	88 46.3	101 48.3	96 48.2	
Radiology	388 78.2	435 78.2	463 77.0	71 14.3	79 14.2.	86 14.3	366 75.0	390 74.4	456 74.8	85 17.4	92 ⁻ 17.6	105 17.2	
Surgery	784 86.7	846 86.9	882 86.8	29, 3.2	29 3.0	30 3.0	525 82.7	589 83.2	657 82.8	.53 8.4	60 8.5	68 8.6	
Urology	82 85.4	76 87.4	73 87.9	~ 2 2.1	. 2 2.3	2 2.4	32 88.9	33 91.7	47, 90.4	4 11.1	,3 8.3	3 5.8	
Other Clipical	141 72.7	86 76.1	121 77.1	53 27.3 جُرِ	27 23.9	36 22.9	105 71.0	92 78.0	94 70.7	29 19.6	26 22.0	26 19.6	
TOTAL CLINICAL	5541 81.0	5906 81.4	6308 81.3	765 11.2	773 10.7	826 10.6	4631 76.6	4970 76.5	5385 76.7	967 16.0	1045 16.1	1104 15.7	



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Summary Exhibit VI.1 (continued)

NUMBER AND PERCENT DISTRIBUTION OF M.D. AND Ph.D. FACULTY BY RANK AND CLINICAL DEPARTMENT FOR 1975-1978

<u> </u>	M.D Assistant Professors			Ph.D	Assistant _, I	Professors	′ M.D.	- Instructo	ors	Ph.D Instructors		
Clinical Departments	1975-76 # %	1976-77 [°] # %	1977 ~ 78 #%	1975-76 # %	1976-77 # %	1977-78 # %	1975-76 # %	1976-77 # %	1977-78 # %	1975-76 # %	1976-77 #, %	1977-78 # %
Anesthesiology	646 93.5	665 82.8	736 90.8	18 2.6	21 2.9	32 4.0	273 88.9	281 85.7	269 82.3	3 1.0	6 1.8	13 4:0
Dermatology .	53 71.6	56 71.8	64 77.1	21 28.4	22 28.2	17 20.5	39 73.6	30 73.2	29 70.7	7 13.2	6 14.6	4 9.8
Family Practice	173 63.1	220 65.3	357 67.7	48 17.5	57 17.0	91 17.3	58 34.1	70 37.0	140 36.8	11 6.5	10 5.3	31 8.2
Internal Medicine*	2245 85.7	2391 85.2	2540 85.3	209 8.0	240 8.6	263 8.8	941 76.9	1022 77.8	1046 76.2	126 10.3	124 9.4	146 10.6
Neurology	286 74.7	306 76.3	331 73.2	52 13.6	52 13.0	70 15.5	101 58.7	99 54.1	119 56.4	34 19.8	41 22.4	43 20.4
Obstetrics/Gynecology	372 78.0	394 78.5	497 78.4	72 15.1 ·	75 15.0	94 14.8	164 61.4	148 64.1	179 65.1	34 12.7	25 10.8	29 10.6
Ophthalmology	131 69.3	155 72.4	183 72.1	38 20.1	40 18.7	50 19.7	49 51.0	46 46.5	45 41.7	15 15.6	20 20.2	29 26.9
Orthopedic Surgery	129 84.3	141 85.0	158 87.3	20 13.1	21 12.7	19 10.5	53 72.6	59 66.3	72 66.1	4 5.5	6 6.7	6 5.5
Otolaryngology	82 54.7	91 58.3	109 62.3	42 28.0	42 26.9	43 24.6	35 37.2	34 37.4	21 26.9	11 11.7	6 6.6	5 6.4
Pediatrics	957 80.4	1031 81.0 .	1151 80.6	139 11.7	153 12.0	171 12.0	334 57.7	354 60.9	380 60.9	53 9.2	54 9.3	62 9.9
Physical Medicine & Rehabilitation	105 54.3	111 57.2	127 57.5	38 19.9	34 17.5	41 18.6	37 27.2	57 32.6	46 30.3	12 9.5	15 8.6	20 13.2
Psychiatry	804 54.3	855 43.6	916 56.2	461 31.2	489 31.3	493 30.2	336 38.8	418 41.6	416 43.1	180 20.8	217 21.6	201 20.8
Public Health & Preventive Medicine	142 39.6	143 39.0	124 36.4	124 34.5	138 37.6	143 41.9	54-20.3	60 22.9	58 26.9	43 16.2	38 14.5	28 13.0
Radiology	669 74.4	763 75.2	844 74.4	152 16.9	168 16.6	195 17.2	305 61.5	278 61.5	321 63.7	42 8.5	37 8.2	54 10.7
Surgery	690 81.1	769 81.1	841 81.5	95 11.2	100 10.6	108 10.5	244 63.0	275 66.0	267 67.1	43 11.1	42,10.1	40 10.1
Urology	77 88.5	77 89.5	64 87.7	8 9.2	7 8.1	7 9.6	26 92.9	27,96.4	31 96.9	1 3.6	0 0.0	0,0.0
Other Clinical	140 52.8	100 59.2	146 55.7	78 29.4	46 27.2	63 24.1	29 14.5	33 26.9	63 30.7	14 7.0	16 13.1	15 7.3
TOTAL CLINICAL	7701 74.5	8268 75.2	9188 75.2	1615 15.6	1705 15.5.	1900 15.6	3078 56.8	3291 58.7	3502 58.4	633 11.7	663 11.8	726 12.1



Summary Exhibit VI.1 (continued)

. NUMBER AND PERCENT DISTRIBUTION OF M.D. AND Ph.D. FACULTY 8Y RANK AND CLINICAL DEPARTMENT FOR 1975-1978

	·	Total M.D.		Total Ph.D.					
Clinical Departments	1975-76 # %	1976-77 # %	1977-78 # %	1975-76 # %	1976-77 # %	1977-78 # %			
Anesthesiology	1383 90.5	1418 89.5	1509 87.8	46 3.0	51 3.2	70 4.1			
Dermatology	215 73.9	200 71.9	212 72.9	54 18.4	54 19.4	50 17.2			
Family Practice	469 62.6	560 64.9	912 74.4	104 13.9	113 13.1	186 13.1			
Internal Medicine	6183 85.4	6655 85.4	6964 85.2	492 6.8	535 6.9	594 7.3			
Neurology	50 73.2	811 73.1	899 72.3	146 14.2	161 14.5	189 15.2			
Obstetrics/Gynecology	1120 76.9	1138 77.6	1300 77.6	183 12.6	181 12.3	205 12.2			
Ophthalmology ′	389 66.3	433 66.9	449 65.5	112 19.1	126 1.9.5	145 21.1			
Orthopedic Surgery	355 83.9	382 82.2	438 82.5	35 8.3	39 8.4	39 7.3			
Otolaryngology	246 52.0	268 53.7	272 52.9	134 29.4	,140 28.1	147 28.6			
Pediatrics	2517 79.2	2711 80.3	2975 80.1	295 9.3	317 9.4	352 9.5			
Physical Medicine & Rehabilitation	277 52.2	315 52.9	343 55.2	92 17.3	100 16.8	108 17.4			
Psychiatry	2057 53.1	2275 53.9	2383 54.8	1163 30.0	1258 29.8	1278 29.4			
Public Health & Preventive Medicine	387 36.0	400 36.4	357 36.5	360 33.5	377 34.3	355 36.3			
Radiology &	1728 72.6	1866 73 3	2084 73.1	350]4.7	376 14.8	440 15.4			
Surgery	2243 80.8	2479 81.4	2647 81.7	220 7.9	231 7.6	246 7.6			
Urology	217 87.9	213 89.9	215 89.6	15 6.1	12 5.1	12 5.0			
Other Clinical	415 51.4	311 59.5	424 56.0	174 21.6	115 22.0	140 18.5			
TOTAL CLINICAL	20951 73.1	22435 73.9	24383 73.9	3980 13.9	4186 13.8	4556 13.8			



Summary Exhibit VI.2

FULL-TIME FACULTY VACANCIES IN CLINICAL AND BASIC SCIENCE DEPARTMENTS, 1976-1978

	Full-Time Positions	in Clinical Science De	epartments	Full-Time Positions in Basic Science Departments						
	Budgeted Positions	Vacant Positions	% Vacant	Budgeted Positions	Vacant Positions	% Vacant				
197	30,473	1,825	5.99	11,413	669	5.86				
1977	32,234	1,880	5.83	11,948	656	5.49				
1978	35,008	2,010	5.74	12,364	· 695	5.62				



Summary Exhibit VI.3

NUMBER AND PERCENT DISTRIBUTION OF FULL-TIME MEDICAL SCHOOL FACULTY BY CLINICAL DEPARTMENT AND DEGREE 1967-68

		TYPE OF DEGREE										TOTAL	F111 1	
	M.D. 8	Ph.D.	М.	.D.	Ph.D.		O.H.D.		Non-Doctoral		Unknown Degree		TIME F	FULL- ACULTY
CLINICAL DEPARTMENT	Number of Faculty	Percent of Degree	Number of Faculty	Percent of Degree	Number of Faculty	Percent of Degree	Number of Faculty	Percent of Degree	Number of Faculty	Percent of Degree	Number of Faculty	Percent of Degree	Number of Faculty	Percent of Total Full- Time Faculty
Anesthesiology Dermatology Family Practice Internal Medicine Neurology Obstetrics/Gynecology Ophthalmology Orthopedic Surgery Otolaryngology Pediatrics Physical Medicine & Rehabilitation Psychiatry Public Health & Preventive Medicine Radiology Surgery Other Clinical	25 10 4 189 34 31 22 11 5 56 10 44 24 32 117	4.9 8.0 5.6 6.2 8.0 5.3 8.4 7.8 2.7 3.7 2.6 4.6 3.7 8.2	462 87 31 2647 330 472 165 118 91 1236 142 981 207 639 1176	91.7 69.6 43.7 86.7 77.6 81.5 63.0 83.7 49.5 82.4 51.8 58.3 39.3 72.7 82.8 50.0	9 20 12 123 48 63 57 7 48 128 40 451 147 103 80	1.8 16.0 16.9 4.1 11.3 10.9 21.8 5.0 26.1 8.5 14.6 26.8 27.9 11.7 5.6 0.0	2 0 5 4 0 0 3 0 3 0 1 6 2 1 0	0.4 0.0 7.0 0.1 0.0 0.0 1.1 0.0 1.6 0.2 0.0 0.1 1.1	2 7 19 76 11 12 11 4 37 75 74 199 138 86 27	0.4 5.6 26.8 2.5 2.6 2.1 4.2 2.8 20.1 5.0 27.0 11.8 26.2 9.8 1.9 50.0	4 1 0 13 2 1 4 1 0 3 8 6 5 17 8 0	0.8 0.8 0.0 0.4 0.5 0.2 1.5 0.7 0.0 0.2 2.9 0.4 0.9 1.9 0.6	504 125 71 3052 425 579 262 141 184 1501 274 1682 527 879 1420	100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0 100.0
TOTAL CLINICAL .	614	5.3	8785	75.5	1336	11.5	41	0.4	779	6.7	73	0.6	11628	100.0

Excerpted from Comparison of Characteristics of U.S. Medical School Salaried Faculty in the Past Decade, 1968-1978, AAMC, Oct. 1979.



NUMBER AND PERCENT DISTRIBUTION OF FULL-TIME MEDICAL SCHOOL FACULTYBY CLINICAL DEPARTMENT AND DEGREE 1977-78

														
	·	TYPE OF OEGREE											TOTAL FULL-	
·	M.O.	% Ph.O.	М	M.O.		h.O.	0.1	1.0.	Non-Oo	ctoral	Unknown	0egree	TIME F	
- CLINICAL OEPARTMENT	Number of Faculty	Percent of Degree	Number of Faculty	Percent of Degree	Number of Faculty	Percent of Degree	Number of Faculty	Percent of Degree	Number of Faculty	Percent of Degree	Number of Faculty	Percent of Degree	Number of Faculty	Percent of Total Full- Time Faculty
Anesthesiology Oermatology	70 14	4.6 6.1	1340 164	₽88.9 71.6	58 39	3.8 17.1	6	0.4	22	1.5	12	0.8	1508	100.0
Family Practice	13	1.6	529	66.5	104	13.1	11	0.4	3	1.3	8	3.5	229	100.0
Internal Medicine	360	4.7	6544	85.4	536	7.0	11	1.4 0.1	127 155	16.0	11	1.4	795	100.0
Neurology	62	6.4	713	73.3	141	14.5	';	0.1	35.	3.6	61 20	0.8 2.1	7667	100.0
Obstetrics/Gynecology	68	5.0	1061	78.1	162	11.9	4	0.1	49	3.6	14	1.1	972	100.0
Ophthalmology	37	6.6	370	65.5	120	21.2	5	0.9	. 22	3.9	11	1.9	1358 565	100.0
Orthopedic Surgery	18	4.4	350	84.7	30	7.3	1	0.2	11	2.7	3	0.7	413	100.0
Otolaryngology	10	2.5	211	j3.3	109	27.5	4	1.0	59	14.9	3	0.8	396	100.0
Pediatrics	113	3.3	2787	80.4	327	9.4	20	0.6	183	5.3	34	1.0	3464	100.0
Physical Medicine & Rehabilitation	12	2.4	257	51.0	` 86°	17.0	3	0.6	136	27.0	10	2.0	504	100.0
Psychiatry	98	2.5	2164	55.5	1150	29.5	2.,	*	439	11.3	46	1.2	3899	100.0
Public Health & Preventive Medicine	29	2.8	373	36.7	371	36.5	. 19	1.9	202	19.9	22	2.2	1016	100.0
Radiology	93	3.7	1833 ,	72.8	386	15.3	10	0.4	146	5.8	50	2.0	2518	100.0
Surgery	189	5.7	2703	82.2	229	7.0	46	1.4	74	2.2	49	1.5	3290	100.0
Other Clinical	1	1.8	34	59.6	11	19.3	0	0.0	11	¶9.3	0	0.0	57	100.0
TOTAL CLINICAL	1187.	4.1	21433	74.8	3859	13.5	T44	0.5	1674	J.9	354	.1.2	28651	100.0

Excerpted from Comparison of Characteristics of U.S. Medical School Salaried Faculty in the Past Oecade, 1968-1978, AAMC, Oct. 1979.

A. Introduction

This section of the report presents projections of the future replacement need for the full-time faculty of U.S. medical schools. Separate projections are made for the number needed to replace faculty who leave and the number needed to maintain different growth rates in the total faculty. Projections are presented for the years 1980 through 1990.

Projections of replacement need are made by applying age-specific loss rates to the present and projected future age distributions of the medical school faculty. Future age distributions are in part a function of the future growth: the size of the faculty. This is because higher growth rates result in the addition of larger numbers of young faculty. Since the future growth in faculty is unknown, three different rates of growth are used to produce three sets of projections. The three annual growth rates used, zero percent, three percent, and six percent, represent the range in expected rates of future growth.

B. <u>The Data</u>

Data used in the study are derived from two sources. The primary source is the Faculty Roster System of the AAMC. The Faculty Roster is a computerized data base containing information on more than 90,000 past and present faculty members of American medical schools.

Data from the Faculty Roster are used to determine the age-specific loss rates of full-time faculty, the base age distribution of the full-time faculty on January 1, 1980, and the age distribution of newly hired faculty.

This study used "Roll-Back" files generated from the current Faculty Roster Master File. The Faculty Roster relies on reports from the medical schools for its information. When these reports are received, they are incorporated into the master file. However, because of delays in reporting information, particularly on new faculty, the current master-file fails to provide the most accurate profile of the faculty at a point in time. more accurate profile of the faculty is achieved when the current master file is used to generate a Roll-Back file for a previous point in time. These files are generated by the Faculty Roster System Roll-Back Program. The Roll-Back Program examines the effective dates of reported changes and generates the most accurate data file of faculty active at a previous time. Essentially, the Roll-Back Program reconstructs the active portion of the master file as it would have appeared if there had been no delay in reports and all information had been immediately incorporated into the data base. Roll-Back files for January 1 of the years 1974 through 1979 were used in this study.

An additional data file derived from the Faculty Roster contains more than 33,000 faculty members reported to the roster since 1967 who no longer hold appointments at American medical schools. These former faculty members comprise the inactive portion of the Faculty Roster master file.

The second source of data is a tally of full-time faculty reported on the Liaison Committee on Medical Education (LCME) Annual Medical School Questionnaire. This questionnaire is administered by the LCME of the AAMC and the AMA to all American medical schools. A tabulation of all full-time faculty employed by the medical schools on January 1, 1980 was made from the most recent edition of the questionnaire. This tally, and an estimate of faculty at one school that failed to respond to the questionnaire, is the

base full-time faculty used in the projections.

C. Method

The model used to project future faculty needs and age distributions is based on four factors. These factors are: I. age-specific loss rates of full-time faculty; 2. the size and age distribution of the initial, or base, faculty; 3. the age distribution of new faculty; and 4. the future growth of the faculty.

Age-specific loss rates were generated from the Faculty Roster. The age of persons reported to have left the full-time faculty during the years 1977, 1978, and 1979 were compared with the number of full-time faculty of each age on January 1 of each of these years. These data were used to calculate age-specific rates of faculty loss and are presented in Exhibit VII 1. They indicate relatively high rates of loss for both the youngest and oldest faculty.

January 1, 1980 served as the base for the projections made in this study. Data reported on the annual LCME questionnaire indicated a total of 49,605 full-time medical school faculty on this date. However, the age distribution of these faculty is not reported. The proportional distribution of this number among different ages was estimated from the Faculty Roster.

The age distributions of full-time faculty in the Roll-Back files for January 1 of 1977, 1978, and 1979 were calculated. An average of these distributions was seen as the most accurate estimate of the recent age composition of full-time faculty. Since little recent change in the age composition of the faculty is believed to have occurred, this average

distribution was also used as the best estimate of the faculty age distribution on January 1, 1980. When the proportions of the distribution are applied to the number of total faculty, 49,605, an estimated age distribution of the faculty on January 1, 1980 is produced. This distribution is presented in Exhibit VII.2. It is used as the base for all subsequent projections.

The age distribution of new faculty was estimated in a similar fashion.

-Full-time faculty receiving their first medical school appointments during the years 1974 through 1978 were identified, and their ages on January I of the year of their first appointment were calculated. Their age distribution is used as the age distribution of new faculty in the projections. This distribution is presented in Exhibit VII.3.

The final element needed for the projections is the future rate of growth in the size of the full-time faculty. During the past five years, this growth has averaged about six percent per year. However, many people expect that this rate of growth will decline and possibly even become zero. Separate projections, therefore, were made for three different rates of annual growth. These rates are zero percent, three percent, and six percent.

The above factors were combined to project the future needs for new faculty and future age distributions in the following manner. The age-specific loss rates were applied to the initial age distribution and used to estimate the number of faculty of each age who leave the faculty during 1980. The estimated numbers of lost faculty are subtracted from the initial number of faculty for each age. This results in the number of continuing faculty for each age. The sum of the estimates of faculty loss is an estimate of the total number who leave the faculty during the year.

Exhibit VII. 1 AGE-SPECIFIC LOSS RATES OF FULL-TIME FACULTY

Age	of	Faculty	on Ja	nuary 1	Percent Durin	of Faculty g Calendar	Leaving Year
Age	of	Faculty 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51	on Ja	nuary 1	Durin	g Calendar 20.0 29.7 21.7 21.1 18.1 16.4 15.1 13.4 10.8 10.3 9.1 7.7 6.8 6.7 5.9 5.5 5.3 4.8 4.9 3.6 4.0 4.0 3.2 3.0 2.8 3.5 2.9 3.2	Year
¥.		52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69				3.1 2.9 3.7 2.4 3.3 3.4 3.7 3.2 2.4 4.4 5.3 3.9 11.7 10.8 12.3 13.5 12.9 19.8	

Exhibit VII.2

ESTIMATED AGE DISTRIBUTION OF THE FULL-TIME FACULTY ON JANUARY 1, 1980

Age	Number	Percent
23	20	0.04
24 25	35 79	0.07 0.16
26	139	0.16
27 . 28 - `	223 392	0.45
29	734 ·	0.79 1.48
30	1151	2.32
31 32	1493 1721	3.01 3.47
33	2069	4.17
34 35	2356 2416	4.75 4.87
36	2302	4.64
37 38	2118 2059	4.27 4.15
39	1959	3.95
40 41	1905	3.84
42	1791 × 1696	3,61 3,42
43 44	1592 1533	3.21
45	1498	3.09 3.02
46 47	1493 1463	3.01
48	1399	2.95 2.82
49	1315	2.65
50 51	1245 1186	2.51 2.39
52	.1126	2.27
53 54	1066 1032	2.15 2.08
55	962	1.94
56 [.] 57	878 754	1.77 1.52
58	·630	1.52 1.27
59 60	561 516	1.13
61 .	516 · 476	1.04 0.96
62 63	436 387	0.88
64	337	0.78 0.68
65 66	253 198	0.51
67	159	0.40 0.32
68 69	124 99	0.25 0.20
70 and above	229	0.46
TOTAL	49605	100.0

Exhibit VII.3 AGE DISTRIBUTION OF NEWLY HIRED FULL-TIME FACULTY

•		,			
Age of January 1	Faculty of Year	on Hired	·	Percent of New Hired Faculty	
	22 23 24 25 26 27 28 29			0.15 0.27 0.67 1.08 1.70 2.51 4.71 8.02	3
	30 31 32 33 34 35 36 37 38 39		•	10.55 11.67 11.72 10.28 7.81 5.44 3.92 2.77 2.05 1.80	, `
	40 41 42 43 44 45 46 47 48 49			1.47 1.15 1.06 1.04 0.94 0.92 0.80 0.72 0.66 0.42	
	50 51 52 53 54 55 56 57 58 59			0.49 0.47 0.41 0.36 0.28 0.30 0.21 0.22 0.16 0.14	
	60 61 62 63 64		T-0	0.16 0.17 0.11 0.08 0.14	•
	•		10	TAL 100.00	•



Replacement need in this study is defined as equal to this sum.

Replacement need is an important element in the determination of the total number of new faculty who will be hired in a year. If the faculty is to remain the same size, new faculty must equal the replacement need. If the faculty is to grow, the number of new faculty must equal the replacement need plus the net increase in the size of the faculty. When the total number of new faculty is determined, they are distributed among the different ages according to the new faculty age distribution. The number for each age is then added to the number of continuing faculty of that age. This procedure results in a new age distribution which combines the effects of both faculty loss and accessions during a year. However, at the end of a year, the faculty are one year older than they were at the beginning. This is expressed in the distribution by moving the counts for each age to the next higher age.

The completion of this process results in a projected age distribution for January 1 of the next year. This age distribution is then used to project the following year. In this study, ten such projections are made for each of the assumed growth rates.

D. <u>Findings</u>

An initial focus of this study, as specified in the contract, was the estimation of age-specific death and retirement rates. The loss of faculty for these reasons is especially important because the loss is usually irreversible. The reasons reported to the Faculty Rostér for the loss of full-time faculty during 1977, 1978, and 1979 were examined. This analysis showed that less than 10% of the loss during each of these years was for the

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reported reasons of death or retirement. The vast majority of the faculty loss was for other reasons. Age-specific rates of retirement and death, derived from this analysis, are presented in Exhibit VII.4. This analysis also showed that about 60% of the faculty lost during these three years were less than 40 years old.

The techniques described in the previous section were used to produce a series of projections of future faculty need and age composition. Faculty need was divided into two components, the need for new faculty to replace those who leave faculty positions and the need for additional faculty to maintain any growth. Replacement need results from the loss of faculty for all reasons, rather than just death and retirement. The loss rates presented in Exhibit VII.1 were therefore used to estimate this need. Separate projections were made assuming future annual growth rates in the size of the faculty of zero percent, three percent, and six percent.

Exhibit VII.5 presents these projections of need for the years 1980 through 1990. The first three rows, under the calendar years, present projections of need assuming the size of the medical school faculty remains at the January 1980 size of 49,605. When the age-specific loss rates in Exhibit VII.1 are applied to the faculty age distributions in January 1980, 2,940 full-time faculty members are estimated to leave the medical school faculties. An equal number of new faculty is therefore needed to replace the faculty who leave. Under conditions of zero growth, no additional new faculty are needed since the replacement of 2,940 faculty will maintain the size of the faculty at 49,605. However, if a three percent growth in the faculty is to occur, an additional number, equal to three percent of the initial faculty, or 1,488, must also be hired. This results in a total

need of 4,428 new full-time faculty. These figures are given in the second three rows in Exhibit VII.5. In the same anner, six percent growth in the total faculty will be achieved in 1980 if 2,976 new faculty, in addition to the 2,940 needed for replacement or a total of 5,918, are hired.

Following 1980, the estimates of replacement need are different for the various growth rates. This is due to two factors. The first factor is the increase in the total size of the faculty under three percent and six percent growth rates. Given a similar proportion of faculty who leave, the larger size of the total faculty results in a larger number leaving. The second factor is the difference in the proportional age distributions of the faculty. Over time, the proportion of faculty in different age groups changes. When the age-specific loss rates are applied to these new distributions, the changes in the age distributions may result in a change in the estimated number of lost faculty, even when the total size of faculty remains constant. This is because the age-specific loss rates differ with age. The effect of this second factor is evident in the initial decline in the replacement need that is projected to occur under zero growth. series of projections, the smaller number of new faculty being added each year results in an older composition of the faculty. The increase in the proportion of faculty between the ages of 40 and 60, and the low loss rates which apply to faculty in these ages, result in the decline in projected replacement need.

Overall, the projections show a wide range of possible future needs for new full-time faculty. While the projected total need, under conditions of zero growth, declines slowly from 2,940 new faculty in 1980 to a low of 2,587 in 1987 and remains roughly constant, it increases substantially under conditions of six percent growth. The third series of projections shows total



need increasing from 5,916 new faculty in 1980 to 10,605 in the year 1990, if the faculty grows at a rate of six percent.

The projection of the ruture need for new faculty also produced projections of future age distributions of the full-time faculty. Separate projections were made for each of the three growth rates. Ex'ibit VII.6 presents the projected future age distributions under conditions of no growth. Each column shows the projected number of full-time faculty of each age on January 1 of a year. The number for each age is rounded to the nearest person but based on unrounded calculations that involved fractional persons. The totals at the bottom of the columns are totals of the rounded counts. The results of the unrounded calculations, used to produce Exhibit VII.6, total to exactly 49,605 for every column.

The projected age distributions under conditions of three percent and six percent growth are presented in Exhibits VII.7 and VII.8, respectively. These distributions incorporate the additional new faculty required for the growth specified. As in the previous exhibit, the counts given for each age are rounded, and the totals given at the bottom are totals of the rounded counts presented.

Exhibits VII.9 through VII.11 present some of the characteristics of the three sets of age projections in a more concise form. These exhibits show the proportions of faculty in broad age categories for each year of the projections. These proportions have their most dramatic shift under conditions of zero growth. This shift, showing a dramatic aging of the full-time faculty, is presented in Exhibit VII.9. It shows a substantial decline in the proportions, and number, of faculty under the age of 40. Faculty aged 22 through 29 drop from 3.3 percent of the total to 1.1 percent, while

Exhibit VII.4

RATE OF YEARLY LOSS OF FACULTY DUE TO RETIREMENT, DEATH, AND ALL OTHER REASONS

Age of Faculty	Percent Retiring During A Year	Percent Dying During A Year	Percent Leaving For Other Reasons
25)- 29			16.66
30 - 34			9.76
35 - 39		0.06	6.03
40 - 44	b	0.11	4.12
45 - 49		0.18	3.11
50 - 54	0.15	0.22	2.80
55 - 59	0.56	0.29	2.31
60 - 64	2.63	0.49	2.03
65 - 69	9.63	1.04	2.36
70 and Above	5.83	1.89	3.26



Exhibit VII.5

PROJECTED ANNUAL NEED FOR NEW FULL-TIME FACULTY FOR THE YEARS 1980 THROUGH 1990,
ASSUMING O PERCENT, 3 PERCENT, AND 6 PERCENT GROWTH RATES

	•							•	4		
Calendar Year	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
Zero Percent Growth		÷		·		•					
Number Needed for Replacement Number Needed for Growth Total Need	2940 0 2940	2825 0 2825	2741 0 2741	2681 0 2681	2637 0 2637	2610 2610	2594 0 2594	2587 0 2587	2590 0 2590	2601 0 2601	2617 0 2617
Three Percent Growth	•										•
Number Needed for Replacement Number Needed for Growth Total Need	2940 1488 4428	2961 1533 4494	3003 1579 4582	3060 1626 4686	3130 1675 4805	3213 1725 4938	3304 1777 5081	3405 1830 5235	3514 1885 5399	3632 1942 5574	3755 2000 5755
Six Percent Growth							•				•
Number Needed for Replacement Number Needed for Growth Total Need	2940 2976* 5916	*3097 3155 6252	3272 3344 6616	3464 3545 7009	3671 3758 7429	3896 3983 7879	4136 4222 8358	4394 4475 8869	4669 4744 9413	4964 5028 9992	5275 5330 10605



PROJECTED NUMBER OF FULL-TIME FACULTY BY AGE FOR THE YEARS 1980 THROUGH 1990, ASSUMING NO GROWTH IN TOTAL FACULTY

Age

TOTAL

49,605

49,604

49,606

49,602

49,606

49,608

49.605

49.601

				a no anomi	in in ioin	L. PACULII		-		
1980	1981		Nu	mber of fa	culty on .	January 1 d	of year			
-	•	1982	1983	1984	1985	1986	1987	1988	1989	1990
20 35 79 139 223 392 734	4 24 44 94 160 256 466	11 36 65 122 202 347	11 26 58 98 169 298	4 10 26 49 91 148 267	4 10 25 49 84 141 248	4 10 25 48 83 134 241	4 10 24 48 82 133 234	4 10 24 47 82 132 233	4 10 24 47 81 132 232	4 10 24 47 81 132 233
1,151 1,493 1,721 2,069 2,356 2,416 2,302 2,118 2,059 1,959	859 1,307 1,675 1,888 2,183 2,404 2,412 2,263 2,074 2,006	622 1,042 1,496 1,834 2,007 2,236 2,394 2,361 2,208 2,018	514 828 1,249 1,663 1,949 2,067 2,233 2,341 2,298 2,143	468 728 1,051 1,434 1,787 2,008 2,072 2,188 2,277 2,227	438 684 957 1,252 1,575 1,856 2,015 2,037 2,132 2,206	420 655 915 1,164 1,406 1,657 1,872 1,982 1,989 2,068	412 637 887 1,124 1,324 1,500 1,685 1,848 1,937	406 630 870 1,099 1,288 1,424 1,539 1,674 1,811	406 625 864 1,084 1,265 1,391 1,537 1,537 1,647	406 626 862 1,080 1,253 1,371 1,438 1,472 1,518
1,905 1,791 1,696 1,592 1,538 1,493 1,463 1,399 1,315	1,908 1,857 1,737 1,663 1,565 1,499 1,465 1,469 1,440	1,951 1,858 1,799 1,701 1,633 1,529 1,465 1,441 1,445	1,960 1,898 1,798 1,760 1,668 1,593 1,493 1,440 1,418 1,423	2,078 1,905 1,836 1,758 1,725 1,626 1,554 1,467 1,416	2,156 2,017 1,842 1,794 1,722 1,681 1,585 1,525 1,442 1,394	2,136 2,091 1,948 1,800 1,757 1,678 1,638 1,555 1,498	2,005 2,072 2,018 1,901 1,762 1,711 1,636 1,606 1,527	1,877 1,947 2,000 1,969 1,859 1,716 1,666 1,603 1,576	1,830 1,825 1,881 1,951 1,925 1,809 1,671 1,633 1,574	1,718 1,780 1,766 1,837 1,908 1,872 1,761 1,638 1,603
1,245 1,186 1,126 1,066 1,032 962 878 754 630 561	1,281 1,223 1,162 1,103 1,046 1,002 948 855 735 611	1,343 1,258 1,197 1,138 1,081 1,015 986 923 832 712	1,380 1,317 1,231 1,171 1,175 1,049 999 959 898 806	1,384 1,353 1,287 1,204 1,147 1,081 1,032 972 932 869	1,358 1,357 1,322 1,258 1,179 1,112 1,063 1,003 945 902	1,356 1,331 1,326 1,292 1,231 1,033 1,033 1,033 975 914	1,380 1,329 1,301 1,296 1,264 1,193 1,123 1,062 1,004 943	1,432 1,353 1,299 1,271 1,268 1,224 1,172 1,091 1,032 971	1,459 1,403, 1,322 1,269 1,243 1,228 1,202 1,139 1,060 998	1,506 1,429 1,370 1,292 1,242 1,204 1,206 1,168 1,106
516 476 436 387 337 253 198 159 129	547 508 460 416 374 302 226 174 138 108	595 538 499 403 403 198 151 120	693 585 519 467 424 359 298 236 171	784 681 564 494 451 378 320 261 204	845 769 656 537 477 402 337 281 226	877 829 740 624 518 425 359 296 243	888 860 797 704 602 461 379 315 256 212	°916 871 827 758 679 535 411 332 272 223	944 898 837 786 731 603 477 360 287 237	970 926 863 796 757 649 538 418 311 250
229	. 283	338	397	.459 	528 3	39	704	797	888	980
49.605	40.603	มด 6กม	110 606	10 602	110 606	U U	110 COM	110 501		

900

51,096

49,605

PROJECTED NUMBER OF FULL-TIME FACULTY BY AGE FOR THE YEARS 1980 THROUGH 1990, ASSUMING A 3 PERCENT ANNUAL GROWTH IN TOTAL FACULTY

e.		•	•				•				
Age	1980	1981	1982	/ Numt	ber of fac	ulty on Ja 1985	anuary 1 of 1986	year 1987	1988	1989	1990
23 24 25 26 27 28 29	1980 20 35 79 139 223 392 734	7 28 54 110 185 294 536	7 18 50 91 163 264 457	7 18 43 89 150 249	7 18 44 84 150 240 429	7 19 45 86 148 244 427	7 19 46 89 152 245	8 19 47 91 157 252 444	8 21 48 93 161 260 457	8 21 51 96 165 267 472	8 21 52 100 170 275 486
30 31 32 33 34 35 36 37 38 39	1,151 1,493 1,721 2,069 2,356 2,416 2,302 2,118 2,059 1,959	978 1,464 1,849 2,063 2,336 2,520 2,493 2,321 2,116 2,037	815 1,321 1,830 2,185 2,337 2,507 2,593 2,502 2,308 2,092	755 1,189 1,713 2,179 2,457 2,515 2,586 2,599 2,481 2,275	747 1,148 1,607 2,086 2,462 2,634 2,599 2,596 2,575 2,441	750 1,154 1,585 2,005 2,390 2,648 2,716 2,613 2,576 2,532	758 1,170 1,606 2,000 2,330 2,592 2,737 2,728 2,596 2,536	779 1,192 1,637 2,036 2,340 2,547 2,692 2,753 2,708 2,557	797 1,227 1,674 2,082 2,389 2,569 2,659 2,717 2,736 2,666	821 1,260 1,725 2,134 2,448 2,627 2,688 2,692 2,706 2,696	847 1,299 1,774 2,200 2,512 2,695 2,751 2,726 2,687 2,671
40 412 43 44 45 46 47 48	1,905 1,791 1,696 1,592 1,533 1,498 1,493 1,463 1,463	1,935 1,879 1,754 1,678 1,581 1,513 1,479 1,481 1,481 1,389	2,010 1,908 1,839 1,735 1,664 1,560 1,494 1,469 1,469	2,064 1,981 1,867 1,818 1,720 1,541 1,540 1,483 1,457 1,458	2,239 2,034 1,938 1,846 1,801 1,695 1,618 1,528 1,472 1,447	2,398 2,202 1,990 1,915 1,830 1,774 1,671 1,605 1,517	2,487 2,355 2,151 1,967 1,897 1,803 1,748 1,657 1,592 1,507	2,493 2,442 2,298 2,123 1,949 1,869 1,778 1,733 1,644 1,581	2,516 2,450 2,383 2,266 2,101 1,920 1,842 1,763 1,719	2,622 2,475 2,392 2,350 2,241 2,068 1,893 1,826 1,749 1,707	2,653 2,578 2,418 2,360 2,323 2,037 1,877 1,811 1,737
50 51 52 53 54 55 56 57 58 59	1,245 1,186 1,126 1,066 1,032 962 878 754 630 561	1,288 1,231 1,169 1,109 1,051 1,006 952 858 738 614	1,359 1,273 1,213 1,151 1,093 1,025 995 930 839 718	1,409 1,342 1,254 1,194 1,134 1,065 1,014 972 908 815	1,427 1,391 1,321 1,234 1,176 1,105 1,053 990 949 882	1,417 1,409 1,369 1,300 1,216 1,146 1,093 1,028 967 922	1,433 1,400 1,387 1,347 1,280 1,185 1,133 1,067 1,004 939	1,476 1,416 1,379 1,365 1,326 1,247 1,172 1,106 1,042 975	1,548 -1,459 1,395 1,358 1,344 1,292 1,233 1,144 1,080 1,012	1,599 1,530, 1,1,438 1,374 1,338 1,309 1,277 1,204 1,117	1,507 1,416 1,354 1,304 1,294 1,247 1,175 1,085
60 61 62 63 64 55 67 68 69	516 476 436 387 337 253 198 159 124 99	549 511 463 418 375 304 226 174 138 108	601 543 496 443 405 337 271 198 151	701 594 527 475 429 364 301 238 171	795 692 576 504 460 385 325 264 206	861 784 670 551 488 413 343 285 228	899 848 758 640 533 438 368 301 247	916 886 819 723 619 478 391 323 5260 215	951 902 856 781 699 554 426 343 279 226	987 937 871 817 755 625 494 374 297 243	1,023 972 905 831 790 674 558 433 324 259
70-	229	283	338	397	459	528	613	705	. 7 99	892	989

55,828

54,207

52,626

^{57,507}**340** 59,231

66,663

62,838

61,008

PROJECTED NUMBER OF FULL-TIME FACULTY BY AGE FOR THE YEARS 1980 THROUGH 1990, ASSUMING A 6 PERCENT ANNUAL GROWTH IN TOTAL FACULTY

_			ASSUMIN	G A 6 PER	CENT ANNUA	L GROWTH	IN TOTAL FAC	ULTY	Jun 1990,	1.00	*** * * * * * * * * * * * * * * * * * *
Age				Numi	her of fee	iltu an t	anuary 1 of		٠.		•
	1980	1981	1982	1983	1984	1985	1986	<u>year</u> 1987	1988	1989	1990
23 24 25 26 27 28 29	20 35 79 139 223 392 734	9 32 64 126 210 331 606	9 64 64 118 206 329 571	10 25 61 122 206 335 587	11 27 65 123 215 345 610	11 29 69 131 223 363 638	12 30 73 139 237 380 675	13 32 77 147 252 404 712	13 34 82 156 267 429 755	14 36 87 166 283 455 802	15 38 92 176 301 483 851
30 31 32 33 34 35 36 37 38 39	1,151 1,493 1,721 2,069 2,356 2,416 2,302 2,118 2,059 1,959	1,098 1,621 2,022 2,237 2,489 2,637 2,574 2,380 2,157 2,067	1,016 1,610 2,175 2,546 2,676 2,786 2,798 2,647 2,413 2,167	1,015 1,578 2,208 2,726 2,994 2,956 2,956 2,870 2,870 2,416	1,060 1,618 2,225 2,802 3,198 3,311 3,165 3,033 2,895 2,671	1,114 1,702 2,310 2,867 3,311 3,532 3,490 3,244 3,060 2,888	1,174 1,796 2,438 2,996 3,416 3,671 3,720 3,565 3,271 3,053	1,244 1,899 2,578 3,167 3,583 3,876 3,876 3,7866 3,7866	1,316 2,013 2,729 3,352 3,790 4,000 4,030 3,964 3,820 3,571	1,396 2,133 2,894 3,551 4,015 4,233 4,240 4,129 3,803	1,482 2,269 3,767 4,486 4,489 4,3162 3,976
40 41 42 43 44 45 46 47 48 49	f. 1,905 1,791 1,696 1,592 1,533 1,498 1,463 1,463 1,399	1,962 1,901 1,771 1,694 1,596 1,527 1,493 1,493 1,462 1,399	2,070 1,960 1,880 1,770 1,698 1,591 1,523 1,495 1,493 1,462	2,171 2,068 1,940 1,879 1,775 1,692 1,588 1,527 1,498 1,495	2,414 2,170 2,047 1,941 1,884 1,770 1,689 1,593 1,532 1,502	2,663 2,407 2,149 2,048 1,948 1,878 1,768 1,768 1,599 1,538	2,877 2,651 2,380 2,151 2,056 1,944 1,875 1,774 1,700 1,606	3,042 2,862 2,617 2,378 2,161 2,052 1,943 1,882 1,781	3,250 3,026 2,824 2,612 2,385 2,158 2,051 1,952 1,889 1,790	3,551 3,232 2,986 2,816 2,616 2,378 2,158 2,061 1,961	3,781 3,527 3,189 2,978 2,819 2,605 2,375 2,169 2,071
50 51 52 53 55 55 56 57 58	1,245 1,186 1,126 1,066 1,032 962 878 754 630 561	1,294 1,238 1,176 1,115 1,056 1,010 957 861 741 616	1,376 1,287 1,228 1,165 1,105 1,034 1,005 939 845 724	1,439 1,369 1,277 1,217 1,155 1,083 1,029 986 922 824	1,472 1,432 1,358 1,266 1,207 1,132 1,078 1,010 968 899	1,481 1,466 1,421 1,346 1,256 1,183 1,127 1,058 992 944	1,517 1,477 1,456 1,409 1,335 1,232 1,178 1,106 1,039	1,585 1,514 1,445 1,445 1,398 1,309 1,228 1,157 1,087	1,685 1,582 1,507 1,460 1,435 1,371 1,304 1,206 1,137	1,767 1,682 1,576 1,499 1,452 1,408 1,366 1,281 1,186	1,874 1,765 1,675 1,568 1,491 1,426 1,404 1,342 1,259 1,158
60 61 62 63 64 65 66 67	516 476 436 387 337 253 198 159 124	551 513 465 419 377 306 226 174 138	605 548 501 447 408 342 273 198 151	710 601 535 482 435 370 305 239 171	807 704 586 514 469 394 330 267 207	881 800 686 500 425 351 289 231	925 872 778 658 547 453 379 308 250	949 916 848 746 639 495 404 332 266	994 940 891 813 724 577 442 354 287	1,040 985 915 854 789 652 515 388 3060	1,088 1,031 959 877 829 711 582 452 336

. 59,081

49,605

70+

52,528

55,736

62,624

341^{66,382}

70,362

74,590

79,064

250

83,808

336 267

88,836

PROJECTED AGE DISTRIBUTION OF FULL-TIME FACULTY FOR THE YEARS 1980 THROUGH 1990 ASSUMING NO GROWTH IN TOTAL FACULTY (Derived From Exhibit VII.6)

· Ages of	Percent of Faculty in Age Group on January 1 of Year										
Faculty	1980 .	1,981	1982	1983	1984	1985	1986	. 1987	1988	1989	1990
22-29	3,3	2.1	1.6	1.3	1.2	1.1	1.1	1.1	1.1	1.1 ;	1.1
30-39	39.6	38.4	36.7	34.8	32.7	30.5	28.5	26.8	25.4	24.3	23.5
40-49 ,	31.6	32.2	32.7	33.2	33.8	34.6	35.3	35.7	35.7	35.6	35.1
50-59 ⁽¹⁾	19.0	20.1	21.1	22.0	22.7	23.2	23.6	24.0	24.4	24.8	125.3
60 - 64	4.3	4.6	5.0	5.4	6.0	6.6	7.2	7.8	8.2	8.5	8.7
65 and above	2.1	2.5	2.8	3.2	3.6	3.9	4.3	4.7	5.2	5.7	6.3
TOTAL*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

^{*} Percentages may not add to 100.0 due to rounding.

PROJECTED AGE DISTRIBUTION OF FULL-TIME FACULTY FOR THE YEARS 1980 THROUGH 1990 ASSUMING A 3 PERCENT ANNUAL GROWTH IN TOTAL FACULTY (Derived From Exhibit VII.7)

Ages of			Percent (of Facult	y in Age	Group	on Januar	y l of \	/ear	 	2
Faculty	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
22-29	3.3	2.4	2.0	1.8	1.7	1.7	1.7	1.7	1.7	1.7	1.7
30-39	29.6	39.5	38.9	38.3	37.4	36.5	35.5	34.8	34.2	33.7	33.2
40-49	31.6	31.6	31.5	31.4	· 31 - 6	.31.9	32.4	32.6	32.8	32.9	33.0
50-59	19.0	19.6	20.1	20.5	20.6	20.6	20.6	20.5	20.5	20.4	20.5
60-64	4.3	4.5	4.7	5.0	5.4	5.8	6.2	6.5	6.7	6.7	6.8
65 and Above	2.1	2.4	2.7	3.0	3.2	3.4	3.7	3.9	4.2	4.5	4.9
TOTAL*	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

^{*} Percentages may not add to 100.0 due to rounding.

PROJECTED AGE DISTRIBUTION OF FULL-TIME FACULTY FOR THE YEARS 1980 THROUGH 1990,
ASSUMING A 6 PERCENT ANNUAL GROTH IN TOTAL FACULTY
(Derived From Exhibit VII.8)

Ages of			Percent	of Facult	y in Age	e Group	on Januai	ry 1 of	Year		
Faculty	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
22-29	3.3	2.6	2.4	2.3	2.2	2.2	2.2	2.2	2.2	2.2	2.2
30-39	39.6	40.5	41.0	41.3	41.5	41.5	41.4	41.3	41.2	41.0	40.9
40-,49	31.6	31.0	30.4	29.8	29.6	29.7	29.9	30.1	30.3	30.6	30.9
50-59	19.0	19.1	19.2	19.1 ⁻	18.9	18.5	18.1	17.7	17.4	17.1	16.8ر
60-64	4.3	4.4	4.5	4.7	4.9	5.2	5.4	5.5	5.5	5.5	5.5
65 and Above	2.1	2.3	2.6	2.7	2.9	3.0	3.1	(3.2	3.4	3.6	, 3.8
TOTAL*	100.0	100.0	100:0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0



^{*} Percentages may not add to 100.0 due to rounding.

faculty aged 30 through 39 drop from 39.6 percent of the total to 23.5 percent. Older faculty show a corresponding increase. While faculty aged 50 through 59 increased from 19.0 percent of the total to 25.3 percent, the faculty aged 60 through 64 more than double, and the faculty 65 and over almost treble. This projected shift in the age distribution is presented graphically in Exhibit VII.12.

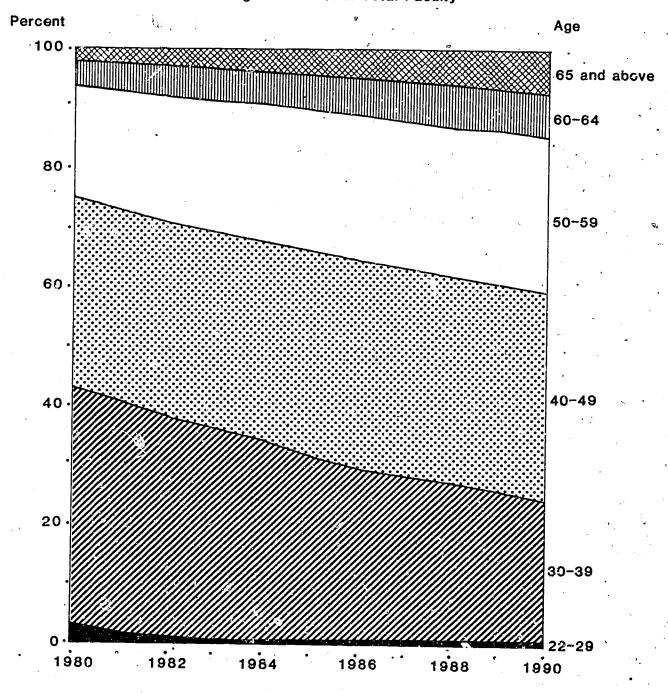
Exhibit VII.10 presents the projected proportion of faculty in the same age groups under conditions of three percent annual growth. It shows changes that are qualitatively similar, but far less dramatic, than those projected to occur under conditions of no growth. These changes are shown graphically in Exhibit VII.13.

In recent years, the number of faculty has increased at a rate of approximately six percent per year. Exhibit VII.14 shows the proportions of faculty in the age groups projected under an assumed continuation of this growth rate. Under these conditions the projected age composition of the faculty in 1990 is very close to the present age composition.

E. Conclusions

Several of the findings of this study are interesting in terms of increasing our understanding of the dynamics which determine the need for new medical school faculty. The first of these findings is the relatively small proportion of faculty who leave the medical schools specifically for reasons of death or retirement. It was also shown that the majority of faculty leaving the schools are young faculty. This suggests that factors affecting the loss rates of young faculty, such as their opportunities for promotion, could dramatically alter the replacement needs of the schools. A better understanding of the determinants of the loss rates for faculty

Projected Age Distribution of Full-Time Faculty for the Years 1980 Through 1990 Assuming No Growth in Total Faculty



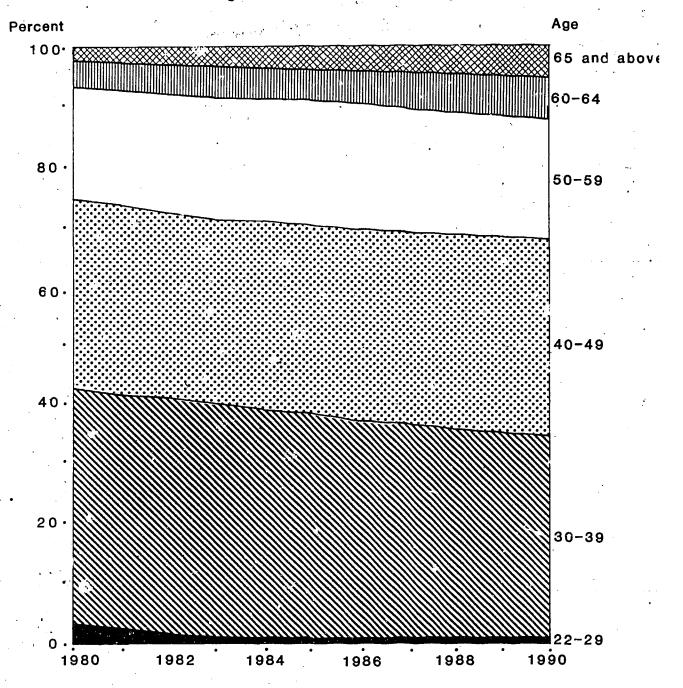


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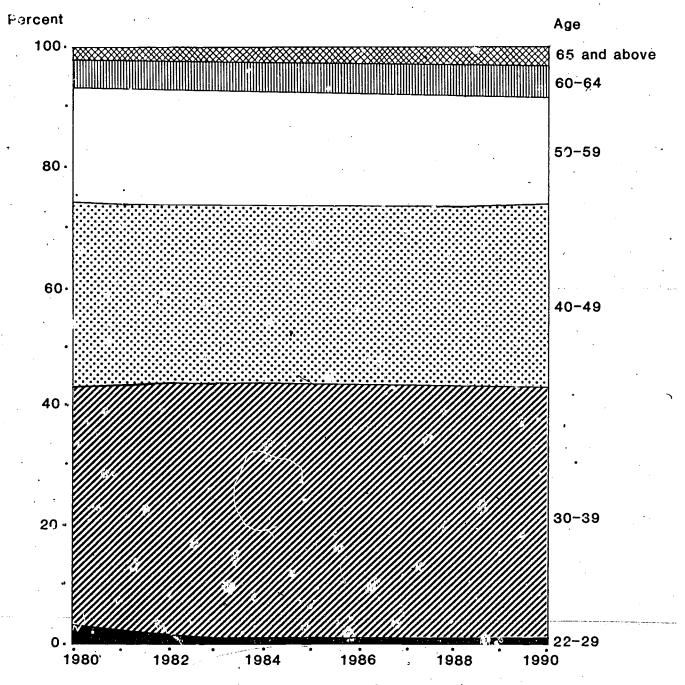


Projected Age Distribution of Full-Time Faculty for the Years 1980 Through 1990
Assuming a 3% Growth in Total Faculty





Frojected Age Distribution of Full-Time Faculty for the Years 1980 Through 1990 Assuming a 6% Growth in Total Faculty





-26**3-**

below the age of 40 would greatly increase our ability to understand how these rates may change over the next 10 years. This would allow more accurate assessments of the replacement need generated by the loss of young faculty.

Another interesting finding is the effect of different rates of growth on the future age compositions of the faculty. This analysis indicates that a cessation of growth in the faculty will result in a dramatic shift in its age composition to one that is much older. However, a growth rate of six percent per year, similar to past growth of the medical schools, maintains the age composition of the faculty similar to its current form.

This analysis also showed that much of the need for new medical school faculty is generated by the growth in the size of the faculty. The future growth of the faculty is therefore very important for two reasons. It is not only a major determinant of the need for new faculty but also has a substantial affect on the future age composition of the faculty. A better knowledge of possible future trends in growth would therefore lead to a better understanding of both the needs and nature of the future medical school faculty.

** U.S. GOVERNMENT PRINTING OFFICE: 1982-361-132:639